MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b þ papers. Pag nin 72 hours a write RURAL and give nearest town) hours filled in d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDR YES NO X and completely fremove carbon p bon p executed within NAME OF Month 3. DATE Day Middle l asi DECEASED OF (Type or print) DEATH 19 5m SE) 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | FUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Days WIDOWED DIVORCED please re 10a. USUAL OCCUPATION (Glyb kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) be during most of working life, even if retired) INDUSTRY COUNTRY? arm armer certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit, INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) death the CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH been signed by the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: dan or attending physician. IMMEDIATE CAUSE (2 DUE TO requires Conditions, If any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. has 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate CERTIFICAT NO X YES ! the hospital 20a. ACCIDENT WAS UNDERLYING F DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) detached f OR CONTRIBUTING CAUSE OF DEATH this MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) e Hour a.m. Not While While After be ATTENDING be retained by at work at work D.711 TO FUNERAL OIRECTOR: At director, page 3 should I should be filed with the S that (I) (we) last 21. I certify that (i) (this hospitaly attended the deceased from and that death occurred at 675 M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22b. 22a. SIGNATURE STAFF DIRECTOR PHYS M.D. Page 4 may PHYSICIAN'S 22d. ADDRES3 22c. NAME (Type) BURIAL, CREMATION, 23b 23c. NAME OF CEMETERY OR CREMATORY 23dc LOCATION (City/town or county) (State) REMOVAL (Specify) REC'D BY REGISTRAR /25b. REGISTRAR'S SIGNATURE 24. **FUNERAL DIRECTOR** 25a. VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after MARYLAND b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town hours 2 days E ORACE filled papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE (BED#1 ON A FARM? AiliboNE Rd. NO E YES completely we carbon p executed within NAME OF 3. Middle Month Day Last 4. DECEASED (Type or print) ACK DEATH 19 d 5. SEX 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) | Months Days , 1890 WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician certificate be INDUSTRY COUNTRY? Agriculture U.S.A. TAMSON CO., Virginia L. Challen removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (50 - 1838-326 Address been signed by the attenthe burial-transit permit. It to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) DEDON, BOK 218-14-7122 A mandand 21014 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b)/and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. 2 days IMMEDIATE CAUSE (a DUE TO Conditions, If any, which gave rise to immediate 9 **DUE TO** this certificate has been detached for use as the e Dept. of Health prior to cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES [NO V 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for Dept. of I (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm,) 20f. (Clty or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State p.m. be retained TEND 21. I certify that (I) (this hospital) attended the deceased from 2 19 2. and that/death occurred at M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED 22b. ATTENDING PHYS. STAFF PHYS. TO Host Page 4 may 3 M.D. DIRECTOR 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) DATE THEREOF BEI ALL MEmorial GARDENS Burlal BEL Air HArroyd Co, MARYLAND ZIOIY may 1, 196° FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE W. Broadway & will ipms St JOSEPH William Foster VR A15 (4) BEI Air, MAMIAND 21014 15M 4-64 that in Main Trate

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Page delay is and 3 to MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (IF outside corporate limits, write RURAL and give neorest town) and P.M3 Stote Deportme te RURAL and give nearest town e. IS RESIDENCE ON A FARM? form YES T ND X This certificate should be executed within 24 hours after death, icate, writing the word "pending" in pencil in Item 18, Give Page be forwarded to the Chief Medical Exominer's Office flow, with 1 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH 6. COLD BOR RACE and 2 with IF UNDER 1 YEAR IF UNDER 24 HR lost birthday) Months 12-16-4 Office | 72 hours after death WIDDWED DIVORCED 25 yrs. 10o. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) poges 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND 17. INFORMANT permit. (Yes, no, or unknown) (If yes give war ar dates af service) within brighen 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) in ony event PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-tronsit IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO 0 stoting the underlying couse and and 19. WAS AUTOPSY PERFORMED? removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) please execute the certificate. NO -20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should should PRIMARY OF CONTRIBUTING 0 MEDICAL EXAMINER: CAUSE OF DEATH es. cremation, 20d. INJURY OCCURRED foctory, street, office bldg., etc.) (City or town) 20c. TIME OF INJURY Month, Dov. Year 20e. PLACE OF INJURY (Hame, farm, (State) Not While may be retained for your FUNERAL DIRECTOR: Page Page of work of work OUTE 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection X and in my apinion funeral director. death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner 22. DATE SIGNED 5 mc, TO FUNERA. Health prior P ASSISTANT MEDICAL EXAMINER necessary, DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) the 23o. BURIAL CREMATION 23d. LOCATION (City or Town) (County) 250 REC'D BY REGISTRAR 2Sb. VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

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requires that the death certificate be executed within 24 hours after ding physician. been signed by the attending physician and completely filled in by the the burial-transit permit. Then please remove carbon papers. Pages or to burial, cremation, or removal, and in any event, within 72 hours after the burial.	DECEASED	'ear
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PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. This certificate has been signed by the attending physician detached for use as the burial-transit permit. Then please e Bept. of Health prior to burial, cremation, or removal, and in	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1 PART I, DEATH WAS CAUSED BY:	OEATH
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TTEN Stain Shou	saw the deceased alive on April 1967, and that death occurred at 15M, from the causes and on the date state	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE 1513 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15 PLACE OF BEATH. 16 PLACE OF BEATH.

PT	T	PLACE OF BEATH, at	2. USUAL RESIDENCE (Where deceased lived, If institution: Residen	re hefare admission)
		COUNTY 3 7 50 7- d MARYLAI	o. STATE As b. COUNTY 4	Sir
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^		NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
0		Rtel	130/3,201111	YES NO
		NAME OF DECEASED Type or print) Olive Al. Cull um	Lost 4. DATE OF Manth OF DEATH April 5	Day Year
	S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In years last highthau) Mark. 16. 1910 Mark. 16. 1910 Mark. 16. 1910	Days Hours Min.
	dut	USUAL OCCUPATION (Give kind of work dane ig mast of warking life, even if retired) 10 USE KEEPER INDUSTRY	11 BIRTHPLACE (State or foreign country) 12, (1)	UNTRYS- A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		ARCHER W. CULLUM	LAVINIA BULL	
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes give war ar dates af service) 15 - 32 - 2155	17. INFORMANT Address	64
			MRE-VERNEN SMITH STREET	
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Breast with Metastuses	INTERVAL BETWEEN ONSET AND DEATH
		170 X IMMEDIATE CAUSE (a) C G T (170 0 707 A 1.	1 (431 611) / 461(3) (13)	
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		rise ta immediate cause (a). Stating the underlying cause DDE TO		
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		21. I certify that I took charge of the remains described above		ond in my opinio
		death resulted from: Notural couses Accident ,	Suicide , Homicide , Undetermined monner] nod
		ACTUAL GENALUL & Palmer	CHIEF MEDICAL EXAMINER BC/A	22. DATE SIGNED
2		EXAMINER'S RAME (Type) GETALD C POLACY 1	M)) DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	5-67
0		BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER SEMOVAL (Specify) ATR. 8,1967 DUBLIN		(County) (State)
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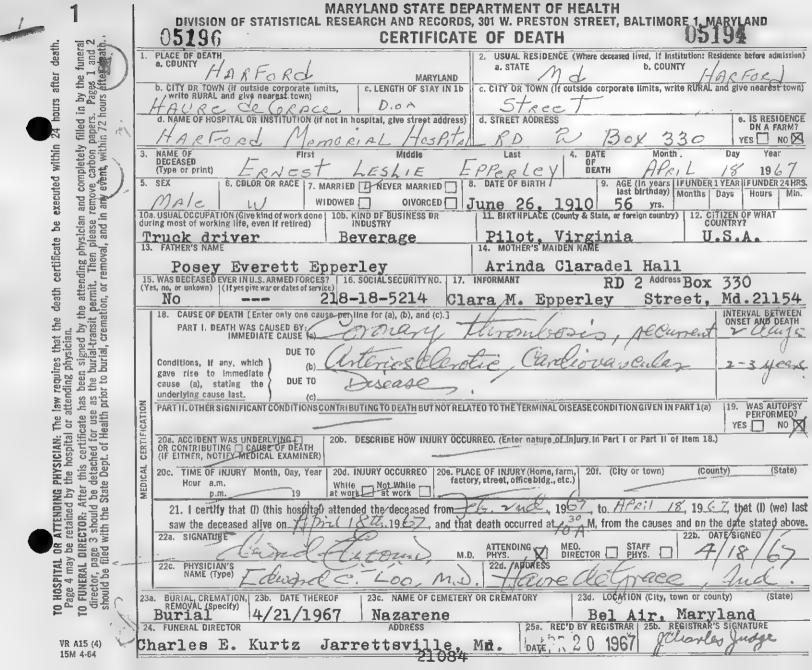
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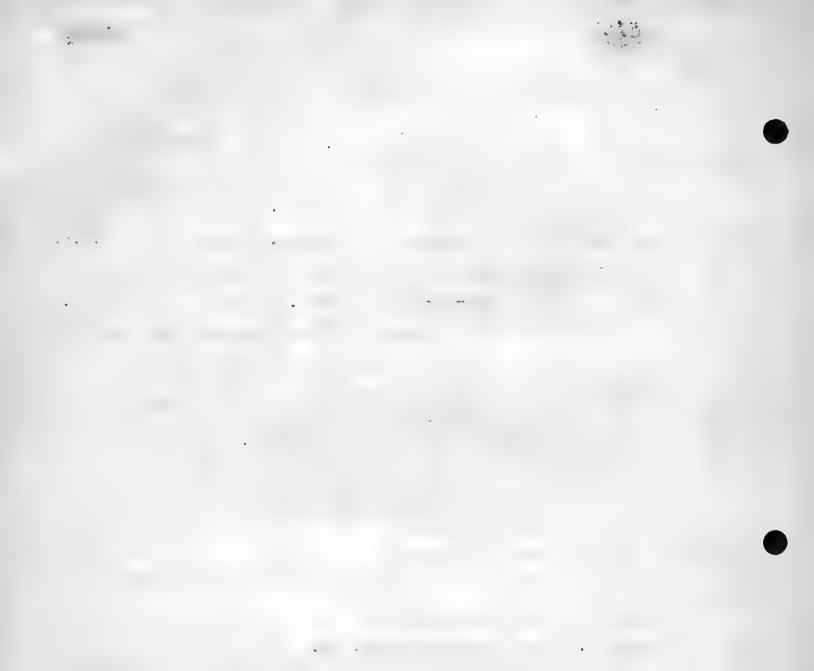
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OR ATI		220. SIGNATURE	M.D	The same of the sa	TOR PHYS. 22b. DATE SIGNED
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D HOS Page 4 D FUNI Shault	23	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C Asbury (3d. LOCATION (City or Town) (County) (Story) Port Deposit, Maryland.
VR A15 (4)	2	FUNERAL DIRECTOR Lee A. Patterson & S	ADDRESS	250. REC'D BY	
20 M 1/66 €	1	TEE TO TOCCEDION OF D	ory revayvicies "	CCS DRITT II	- NOT

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Queens hours after and completely filled in by the remove carbon papers. Pages armovent, within 72 hours after MARYLAND City OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WARCO TORIA Long Island e. IS RESIDENCE d. STREET AODRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES No 🔀 certificate be executed within NAME OF DECEASED 3. First Middle DATE Month Last DEATH 0 (Type or print) 196 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Oays | Hours | Min. 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 9. 7. MARRIED X NEVER MARRIED WIDOWED DIVORCEO | 10a, USUAL OCCUPATION (Give kind of work done. 10b, KIND OF BUSINESS OR County & State, or foreign country) 12. CITIZEN OF WHAT physician lease and in during most of working life, even if retired) COUNTRY? INDUSTRY General Motors New York City Dept. Clerk or removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Flynn John Berrill in signed by the attend burial-transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unkown) | (If yes pive war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. **Address** that the death 2 Dolan .Tame s same 88 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per like for ta), (b), and (c) ONSET AND DEATH this certificate has been signed by detached for use as the burial-transi Dept. of Health prior to burial, crem PART 1. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) or attending physician. **OUE TO** Conditions, if any, which (b) gave rise to immediate **QUE TO** cause (a), stating the underlying cause last. CERTIFICATION 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached for use a Dept, of Health PERFORMED? NO. YES the hospital OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) d be detached for State Dept. of F 20a, ACCIOENT WAS UNDERLYING (OR CONTRIBUTING [] CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120s. PLACE OF INJURY (Home, farm, 20f. (City or town) Page 4 may be retained by the TO FUNERAL DIRECTOR. After the director, page 3 should be de should be filed with the State I factory, street, office bldg., etc.) Hour a.m. Not While While ATTENDING at work p.m. at work 1967 to 20 that (V) (we) last 21. I certify that (I) This hospital attended the deceased from. and that death occurred at 33 M. from the causes and on the date stated above. saw the deceased alive on. 100 22b. DATE SIGNED SUBNATURE 22a. STAFF PHYS. ATTENDING PHYS. MED. DIRECTOR M.D. 22d. ADDRESS PHYSICIAN'S 22c. NAME (Type) 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF CEMETERY OR CREMATORY REMOVAL (Specify) Long Island City, 6 Calvary Cemeterv Apr. Remova REC'O BY REGISTRAR 25b. REDISTRARYS SIGN **FUNERAL DIRECTOR** Aherdeen, Md. VR A15 (4) 15M 4-64



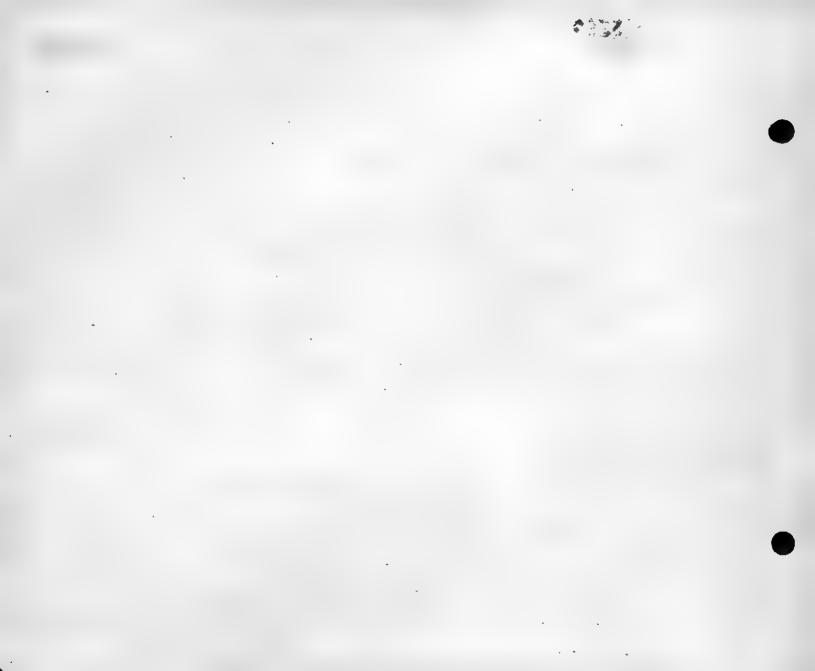




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05197 CERTIFICATE OF DEATH requires that the death certificate be executed within 24-hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY o. STATE h. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town: write RURAL and give neorest town) e IS RES DENCE ON A FARM? MAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS and in any event, within NAME OF DATE Month Lost Doy Year DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Dovs Hours WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) COUNTRY? physician o during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then ph burial, crematian, ar removal, the attending passit permit. The WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (Iff yes give wor or dates of service) INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUF TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the prior tal has been PART-U OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? be detached far use State Dept. of Health NO certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c DIME OF INJURY Month, Day, Year. 20d. INJURY OCCURRED (City or fown) (County) (Stote) TO FUNERAL DIRECTOR: After this foctory, street_office bldg., etc.) Hour om Not While of work ot work 21. I certify that (I) (this hospital) attended the deceased fram. 19 6 7 to 29 196 / that (1) (we) lost Page 4 may be retained 7 and that death accurred at \$2000 M, from causes and an the date stated above saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS O HOSPITAL OR DIRECTOR PHYS director, page ; should be filed 22d ADDRE 22c. PHYSICIAN'S NAME (Type) 230 BURIAL TREMATION (Stote) REMOVAL (Specify) 250. REC'D BY REGISTRAR 24. GENERAL DIRECTOR 2Sb.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05198 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death dompletely filled in by the funeral due carbay papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 b CITY OR TOWN (If autside corporate limits, c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) e IS RESIDENCE ON A FARM? OR INSTITUT ON (If not in haspital, give street address) YES NO NAME OF DECEASED Middle 4. DATE Month Day Year OF DEATH 196 Type or print 4000 SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED Manths birthdovi Davs Hours WIDOWED DIVORCED 13. ond in onv pleose rem signed by the ottending physician and buriol-tronsit permit. Then please rem IDo USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of warking life, even if retired) -- INDUSTRY COUNTRY? ALRI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JULIA SMITHSON ORWOOD 1S. WAS DECEASED EVER IN J. S. ARMED FORCES? 17 INFORMANT Address 16 SOCIAL SECURITY NO. (Yes, no counknown) (If yes give war or dates of service GRW00D, DELTA 18. CAUSE OF DEATH (Enter only one couse per age PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) be retained by the hospital or ottending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a), DHE TO stating the underlying cause os the O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 3 should be detached for use with the State Dept. of Health YES NO 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH-205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (County)-(State) Hour o.m. factory, street, office bldg , etc.) 21. I certify that (1) (this haspital) attended the deceased from MARCH 28, 1967, to HYRIL 19 6 7 that (1) (we) last saw the deceased alive an APCII 1967, and that death accurred at 104 M, fram causes and an the date stated above. 22a SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v M.D. DIRECTOR PHYS. PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23g. BURIAL, CREMATION. 23d. LOCATION (City of Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (State) BURIAL (Specify) METHODIST EER CREEK HESTNUT 25a. REC D BY REGISTRAR REGISTRAR'S SIGNATURE 2Sh. VR A15 (4) Ochanles Judge 1967 20 M 1/66



1		1	Division of STATIS				PARTMENT OF I W. PRESTON STI		ORE, MARYLA	ND 21201	
		0519	19		CERTIF	ICATE	OF DEATH			05	197
	1 F	LACE OF DEATH	ord		MARY	'LAND	2 USUAL RESIDENCE 0. STATE Mary	(Where deceased	lived, if institutio b. COUNT		. / .
	ŧ	Havre o	of outside corparate limit ligive pearest tayn)		3 mo.	N 1b	c CITY OR TOWN (IF	outside corparate	limits, write RURA	it and give neore:	t town)
	C	Brevin	ALOR INSTITUTION (If no Nursing Ho	of in hospital, i	give street address)		d. STREET ADDRESS				e IS RESIDENCE ON A FARM? YES NO
		IAME OF ECEASED ype or print)	Naomi	rst	Middle K.		uche	4. DATE OF DEATH		1 29, Day	19 67
		emale	6 COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		a. date of birth by 31, 189	7 6	GE (In years birthdoy) yrs	Months Doys	Hours Min
	dury	ng most of work ng	(Give kind of work done life, even if retired)	10b K	IND OF BUSINESS OR IDUSTRY		11 BIRTHPLACE (Coun	and	n country)	12. CITIZEN O COUNTRY	A
			mas Kelly				14. MOTHER'S MAIDER	Mullen			
		WAS DECEASED EVE , no, of the known)	R IN S ARMED FORCES? (If yes give war or dates)	of service) 16.	social security no 19-05-7793	Mi	nformant to Ta	ylon, P	Addres		
		1B. CAUSE OF DI PART I DEA	ATH (Enter only one cou IH WAS CAUSED BY IMMEDIATE CAUSE	(a)	(o), (b), and (1)	No.	elerosi	5 -		2 N	ERVAL BETWEEN ISET AND DEATH
		334 Conditions, if any,	X DUE, which gove)		rterio,	De	Caroci	<u> </u>		5	ips-
		rise to immediat stating the unde last.	rlying couse	(c)			*				
2	ATION	PART II OTHER SI	GNIFICANT CONDITIONS (Mile	Willo	,					WAS AUTOPSY PERFORMED? 'ES NO 🚾
	L CERTIFICATION	20g ACC DENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. Di	ESCRIBE HOW INJURY O	CCURRED.	(Enter nature of injury i	in Port I or Port II	of item 18.)		
	MEDICAL	20c. TIME OF INJU Haur o.r p.r	10	20d I While at war			CE OF INJURY (Home, fo ory, street, affice bldg., e		City or town)	(Caunty)	(State)
		saw the d	fy that (I) (this ho		ded the deceased	from_ and tha	t death occurred	. 19 <u>6 7.</u> to. ot <u>//- 20#</u> M,	form causes a	ind on the da	hat (I) (we) los te stoted obove
		22a SIGNATURE	arence		limor	√ м.1		MED. DIRECTOR E	STAFF PHYS	22b. DATE SIG	9/67
1		22c. PHYSICIAN'S NAME (Type	, ,	ce I. B		ewe had a r	Port De			1 /	A (0)
		BURIAL, CREMATIC REPOVAL ISDECTO	May 120	1967	23c. NAME OF CEM Asbury.	emete	eru	Port	TION (City or Taw	Ceci	M.
N	24	FUNERAL DIRECTO	Lee A. Hat	terson	& Son, Per	ryvi	Le, Md. DATE.	CD BY REGISTRAF	25b. REQ	Larles	noge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05200 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND CLENGTH OF STAY IN 16 b CITY OR TOWN (If outside carparate limits c CITY OR TOWN outside comparate limits, write RURAL and give nearest town) write RURAL and give negrest town VACE e IS RESIDENCE d NAME OF HOSP FAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ND 4 YES carbon NAME OF Middle DATE Year Day and campletely DECEASED (Type ar print) OF DEATH any event, Duck 19 IF .. NOER 1 YEAR IF UNDER 24 HR S. SEX 6. COLOR OR RACE MEVER MARRIED AGE DATE OF BIRTH 7. MARRIED Гентоте last bythday Months Dovs Haurs WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a ISSUAL OCCUPATION (Give kind of work done during most of working life even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) edse INDUSTRY and Kilyen FATHER S MAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) ((fixes give war ar dates of service) Un INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (q), (b), and (c)) burial-transit CONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if only, which gave rise to immediate cause (o). -DUE-TO stating the underlying cause has been the lost. 19. WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO DO YES F 10 FUNERAL DIRECTOR: After this certificate for 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of university in Part I or Part II of Item 18.) 200 ACCIDENT WAS UNDERLYING [detached f te Dept. af I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Month, Doy, Year factory, street_office bldg , etc.) Nat While of work Page 4 may be retained by 21. 1 certify that (1) (this haspital) attended the deceased fram. , page 3 should be filed with the saw the deceased alive an Oncil and that death accurred at P.M. fram/causes and an the date stated above 22a. SIGNATURE-22b_DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) shauld 230 BURIA CREMATION, REMOVAL (Specify) 23d ADCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 2Sb REGISTRAR'S SIGNATUR 2Sa. REC'D BY REGISTRAR Murley VR A15 (4) 20 M 1/66 1967



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence) funeral Constant PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Harford Harford Marvland MARYLAND campletely filled in by the 1 carban papers. Pages vent, within 72 haurs aft b CITY OR TOWN (If outside corporate fimits, E LENGTH OF STAY IN 1b. c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Aberdeen Aberdeen d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS Baltimore Street Baltimore Street YES NO TX the attending physician and wingways NAME OF Middle 4 DATE Eirst teg. Year DECEASED OF DEATH FRISBY AQUILLA April 67 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SFX 6 COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH 7 MARRIED last birthday) Months Dovs Hours 22, June 1897 Colored Male WIDOWED DIVORCED and in any 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 10g JSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR during most of working life, even if retired). Custodian (Ret. ffice Debt. Harford County, 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME burial, crematian, ar remaval, George Frisby Harriett Green (D 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) {(If yes give wor or dates of service) Hazel Frisby. Aberdeen Md. 219-05-09 Yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: DIAL INFARCTION ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions of any, which gove rise to immediate cause (a), DUE TO stating the underlying couse State Dept. of Health priar to FUNERAL DIRECTOR: After this certificate has been for use as the WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? AEDICAL CERTIFICATION NO YES 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) 200 ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER! 20e. PLACE OF INJURY (Home, form, (Stote) (City or town) (County) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year Not While factory, street, office bldg., etc.) Hour o.m. While 19 of work at work 3 shauld be 21. I certify that (1) (this hospital) juttended the deceased from DBC. 1940 / that (I) (we) lost 19 6 6 to 1967, and that death occurred at 8.110M, from couses and on the date stated above. sow the deceased plive on 22b. DATE SIGNED 22n SIGNATURE ATTENDING lirectar, page 3 ihould be filed v M.D. DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN S . . NAME (Type) W. Bel. Air. Aberdeen, Md. Levte-Vidal 23d LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) BURIAL, CREMATION, REMOVAL (Specify) Aberdeen. Maryland Mt. Calvary Cemetery April 9 Home 250. REC'D BY REGISTRAR arrinADDRESuneral **EUNERAL_DIRECTOR** VR A15 (4) 20 M 1/66 Aberdeen, Md. DATE PR

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05200 05202 requires that the death certificate be executed within 24 hours after dwath 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o STATE b. COUNTY MARYLAND the ottending physician and completely filled in by the fill permit. Then please remover carbon papers. Pages b. CITY OR TOWN (If autside corparate limits E LENGTH OF STAY IN 16 (CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) e IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO. NAME OF DECEASED Middle Last 4. DATE Year remove tarbon Day OF DEATH event (Type or print) DATE OF BURTH / 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED birthday) Months Dovs Hours Nov. 6. 1882 WIDOWED DIVORCED KIND OF BUSINESS OR FF BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 1Db. ond in COUNTRY? pleose during most of working the, even if retired)
HOUSEWITE INDUSTRY 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED PORCES? 16. SOCIAL SECURITY NO. Address (Yes, na, ar sinknawn) (If yes give wor or dates of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per/fine for (a), (b) and (c).) signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave nse to immediate cause (o), DUE TO stating the underlying cause TO FUNERAL DIRECTOM: After this certificate has been the last. 19 WAS AUTOPSY PERFORMED? PART TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO IX be retained by the hospital or ū 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) 20a ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 2Dd. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While at work pe 21. 1 certify that (1) (this hospital) attended the deceased from.... 19 67 to -6 , 1967, that (1) (we) last director, page 3 should should be filed with the 1967, and that death occurred at 639PM, fram causes and an the dote stated above saw the deceased alive an 22o. SIGNATURE: 22b. DATE SIGNED ATTENDING PHYS. 囚 DIRECTOR PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (State) 230, BURIAI CREMATION. 23b. DATE THEREOF BUTISI Moore's Chapel Cemetery, Blake, Cecil Co. 2Sb REGISTRAR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4)¹ 20 M 1/66 DATE APR Hicks Home for Funerals, Elkton, Md. Charle

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL			IMORE, MARYLAND 21201
05203	CERTIFICATE	OF DEATH	05201
PLACE OF DEATH O COUNTY HAR FOR d	MARYLAND	2 USUAL RESIDENCE (Where decear	sed lived, if institut an Residence before admission) b. COUNTY HARFOR C
		c CITY OR TOWN (If autside corpore	ate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in HARFORD MEMORI	naspital, give street oddress) AL HG3P, TAL	d. STREET ADDRESS	Shy Ave. OBRESIDENCE ON A FARM?
3 NAME OF DECEASED (Type or print) WALLET	DAMES H,	AS A ST. 4 DATE OF DEATH	
MAle Whik w	IDOWED DIVORCED	APRIL 4 1967	9. AGE (In years lost birthday) yrs. IFUNDER 1 YEAR IF UNDER 24 Mrs. Months Days Hours Min.
during most of working life, even if retired)	NONE INDUSTRY 109 KIND OF BUSINESS OR	Mel	reign country) 12 (IT ZEN OF WHAT COUNTRY? U.S.M.
WAITER JAMES	Hash	MARY EVELYN	MICGIERRY
(Yes, na, ar unknawn) (If yes give war ar dates of serv	NONE WY		139 manisby St. Bel Hir, Maryland 21014
IMMEDIATE CAUSE (a)	r line far (a), (b), and (c).) Cleuts endroil	Edent	INTERVAL BETWEEN ONSET AND DEATH
Conditions if any, which gave (b)	Hennhage fun Pt.	total tian	-
stating the underlying cause DUE TO	/		TO MAK BUTDOKY
PART IF OTHER SIGNIFICANT CONDITIONS CONTRI			YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
p.m, 17	While Nat While facto	ry, street, affice bldg., etc.)	(City ar town) (County) (State)
) attended the deceased from <u>A</u> 19 <u>7</u> , and that	death occurred at 9 30 Al	M, from causes and on the date stated obove
J/ AFME	M.D	******	STAFF PHYS. D 4/5/65
NAME (Type)	230 NAME OF CEMETERY OF		OCATION (City or Tawn) (Caunty) (State)
REMOVAL (Specify) April 8,196	4 BEI HIL DEMONI	al GARDENS BEI	thing therefore to many (side)
The American State of the Contract of the Cont	W. Broadway & william BEI Air Mayland ZI	S SIGN APROTTES	367 Jeliantes Judge
	PLACE OF DEATH a COUNTY B CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) AVRC CRAC d, NAME OF HOSPITAL OR INSTITUTION (If not in heart of the property of t	Division of STATISTICAL RESEARCH AND RECORDS, 301 PLACE OF DEATH	PHACE OF DEATH a COUNTY HARFOR b CITY OR TOWN (If outshee corporate limits, write RUBLAL and gove personst fown). ANAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) A, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) A, NAME OF DECKASED 3 NAME OF DECKASED 3 NAME OF DECKASED 3 NAME OF DECKASED 4 DATE OF DECKASED 5 SEX 6 COLOR OR, RACE 7 MARRIED 100 SUSUAL OCCUPATION (If outshee corporate limits, write RUBLAL and gove, personst fown). 101 SUSUAL OCCUPATION (If outshee corporate limits, write RUBLAL and gove, personst fown). 102 SUSUAL OCCUPATION (If outshee corporate limits, write RUBLAL and gove). 11 BIRTHPLACE (Cof. IV. & ADATE OF DECKASED 12 DATE 13 PACK 14 DATE OF OF OF DECKASED 15 WAS DECKASED FOR INJUSY ROUTE (INSTITUTION). 16 KIND OF BUSINESS OR DIVORCED 17 INFORMANT (FATHER). NONE 18 MAD DECKASED FOR INJUSY ROUTE (INSTITUTION). 19 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) DUE TO CAROLING WIN (If yes give wor or dotes of service). NONE 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE 19 DECK CONTRIBUTING (CAUSE OF DEATH (IF THERE, NOTIFY MORICAL EXAMINER). 20 ACCIDENT WAS UNDERLYING (C) DUE TO OR CONTRIBUTING (CAUSE OF DEATH (IF THERE, NOTIFY MORICAL EXAMINER). 19 DECK CONTRIBUTING (CAUSE OF DEATH (IF THERE, NOTIFY MORICAL EXAMINER). 19 DECK CONTRIBUTING (CAUSE OF DEATH (IF THERE, NOTIFY MORICAL EXAMINER). 21 I certify that (I) (this haspital) attended the deceased from APPLY (Former, office bidg, etc.) 220 AUGUST (FORMATION, DAY, Year HOUR CONTRIBUTING (COURSED WINDERLYING (CHARLE)). 221 ADDRESS 222 ADDRESS 223 BURKAL (FRIMATION, DAY, Year HOUR CAUSE OF CEMETERY OR CREMATORY 224 ADDRESS 225 MANE OF CEMETERY OR CREMATORY 226 DECKASED 227 PHYSICIAN'S ADDRESS ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 haurs after death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o STATE **6 COUNTY** MARYLAND TOWN (If autside carporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Reservoiry tizens Nursina Home YES NO [3. NAME OF Middle 4. DATE Manth Day Year DECEASED 0F (Type or print) 19 DEATH requires that the death certificate be executed S SEX AGE (In years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** remove Months birthday) Hours WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1 BIRTHPLACE (County & State, or foreign country) 12 CT ZEN OF WHAT **COUNTRY?** during most of working life, even if retired) INDUSTRY Maryland meman 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremotian, or removal, Henry M. Patterson Mary Smeltzer attending p permit. The 2400 T Address Patterson, Perryvillen Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, not prunknown) (If yes give wor or dates of service No. INTERVAL BETWEEN R. CAUSE OF DEATH (Enter only one couse per line for (a), (b), PART I. DEATH WAS CAUSED BY. SHELAND DEATH burial-transit IMMEDIATE CAUSE (a) signed by DHE TO Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse prior to the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO After this certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Hem 18) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF IN, JRY Month, Day, Year 20d INDURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) Hour 'a.m. While Nat While factory, street, office bldg., etc.) at work at wark 21. I certify that (1) this hospital) attended the deceased from and that death accurred of 1103 M, from causes and on the date stated above. 4/26/6719 TO FUNERAL DIRECTOR: saw the deceased alive on 22a SIGNATUR 22b DATE SIGNED M.D. PHYS director, page 3 should be filed 22d ADDRESS HAVRE 22c PHYSICIAN O HOSPITAL GRIGOLEIT NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION LOCATION (City of Town) Patterson Fam. Burial Gds. Perruville, Md. 24 FONERAL DIRECTOR 2Sb. REGISTRAR S SIGN VR A15 (4) 25M 1/67

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_ 1 10	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
분 , 등 2 년	05205 CERTIFICATE OF DEATH	5203					
e funeral 1 and 2	1. PLACE OF DEATH a. COUNTY Harford MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence of the county bears as STATE Maryland b. COUNTY Bal.	dence before admission) timore /					
ours after in by the Pages I	b. CITY OR TOWN (If outside corporate limits, write RURAL and write RURAL and give nearest town) Aberdeen Proving Ground 3 Days C. LENGTH OF STAY IN 1b Joppa	d give nearest town)					
1 24 hor filled i papers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS LOOI Old Joppa Road	e. IS RESIDENCE ON A FARM? YES PER NO					
rted within completely ve carbon event, with	3. NAME OF First Middle Last 4. DATE Month OF OF OF OF DEATH April 9	Day Year					
T S T S S S S S S S S S S S S S S S S S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 19 Months Date Months Months Months Date Months	EAR IF UNDER 24 HRS					
eath certificate be eath attending physician a emit. Then please re on, or removal, and in	Soldier INDUSTRY Baltimore County, Md. USA	ZEN OF WHAT YTRY?					
rtificat ing phy Then p	13. FATHER'S NAME Benjamin C. Howard Katherine Browne						
eath ce attend ermit.	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((Ifyes pive war or dates of service) Yes 1942 - 1959 218-10-0348 Wife (same as above)						
PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. His certificate has been signed by the attending physicia deteched for use as the burial-transit permit. Then please Dept. of Health prior to burial, cremation, or removal, and	PART I. DEATH WAS CAUSED BY: Left intracerebral Hemorrhage Due to	NTERVAL BETWEEN ONSET AND DEATH					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES A NO					
PHYSICIAN: the hospital this certifi detached fo e Dept. of H		y) (State)					
d by After d be State	Hour a.m. While Not While p.m. 19 at work at work	, that XIX (we) last					
HOSPITAL OR ATTENDING ***Bage 4 may be retained by ***PUNERAL DIRECTOR: After irector, page 3 should be nould be filed with the Staf	saw the deceased alive on 9 April 1967, and that death occurred at 3:300M, from the causes and on the 22a, SIGNATURE 22b. DATE	date stated above					
TO HOSPITAL Page 4 may TO Fuctor, pa	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY OR CREMATORY 23d. LOCATION (City, town or county REMOVAL (Specify) Corize 1967 Atlantical Corize 23d. LOCATION (City, town or county REMOVAL (Specify) Corize 1967 Atlantical Corize 23d. LOCATION (City, town or county REMOVAL (Specify) Corize 1967 Atlantical Corize 23d. LOCATION (City, town or county REMOVAL (Specify) Corize 23d. LOCA	y) (State)					
VR A15 (4) 15M 4-64	with the Benson, Med DATE APR 13 1967 Juliane	Smode					

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1		Division of STATIS	MARYLAND STATE D TICAL RESEARCH AND RECORDS, 3			201
. 44		05206	CERTIFICAT	TE OF DEATH	05	204
funeral		COUNTY HARFORE	MARYLAND	2. USUAL RESIDENCE (WE o. STATE	nere deceased lived, if institution Reside b. COUNTY	nce before admission)
tow requires that the death certificate be executed within 24 hours after death nding physician. been signed by the attending physician and campletely filled in by the funeral sthe burial transit permit. Then please remove carban papers. Pages I and ior to burial, cremation, ar removal, and in any event, within 72 hours after death.	f	OCTY OR TOWN (If autside carparote irrit write R. RAL and give nearest town) HAVBE CLE CYP	9ee	Jural -	Mottingham	<i>H</i>
illed in papers.		HARFORD Me	at in haspital, give street oddress) ma YiAl Hospital	d. STREET ADDRESS	2.	e IS RESIDENCE ON A FARM? YES NO
e executed within 24 and completely filled remove carban pape in any event, within 7.	(PECEASED Type or pnnt) MuRI	rist Hiddle E	Jones 8 DATE OF BIRTH	4. DATE Manth OF DEATH A Y 1	Doy Year / 0 19 6 7 R 1 YEAR F UNDER 24 HRS.
execute move trny ev	F	6. COLOR OR MACE MALE USA, OCC. PAT ON (Give kind of work done	7. MARRIED NEVER MARRIED DIVORCED DIVORCED 10b. KIND OF BUSINESS OR	CAN 22/8	91 ost birthday) Manths	Doys Haurs Min.
rtificate be physician ar en please r aval, and in	อ้บๆ	USUA. UCCPAT UN (GIVE K PA AT WORK DANE pg most of wark ng I le, even krefred)	INDUSTRY	Trin. IT i	m-Lup Chister to	OUNTRY? A
equires that the death certific physician. signed by the attending physi burial transit permit Then pl burial, cremation, ar remaval,		0 1 11	16 SOCIAL SECURITY NO 17	mary alu		
ne death certifi attending phy: permit Then p	(Ye	s, no, or unknown) (If yes give war ar dotes of the cause of DEATH (Enter only one can	of service) 216-05-8933 L	ewis F. Jones-	nottingham R.D	2. I L
that the		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE 44 DUE	10) Clark /	Lilmon	a exerca	INTERVAL BETWEEN ONCE AND DEATH
equires tha physician. signed by burial tran burial, cre.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse	(b) Cargeste	e treat	tolke	•
The law reathending has been se as the h prior tall	_	lest }	CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
YSICIAN: The laspital ar atterniticate has the for use a pt. of Health pr	T FICATION	20a. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	ort I or Port II of item 18.)	YES NO
by the haspital ar attending by the haspital ar attending ther this certificate has been be detached for use as the State Dept. af Health prior ta	D CAL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Yeor Hour o.m.		PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)	20f. (City or tawn) (C	aunty) (State)
=	MED	p.m. 19 21. I certify that (I) (this ho	spital) attended the deceased from	4-/-19	69 to 4-8, 19	5 that (I) (we) la
OR ATTENDIN be retained by DIRECTOR: Afte ge 3 shauld be ed with the Sta		saw the deceased alive on_	118	ATTENDING - /	WED STAFF	DATE SIGNED
Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		22c. PHYSICIANS NAME (Type)	V D. Viene	M.D. PHYS 22d ADDRESS	THECTOR LI PHYS. LI	are not
O HOSPITAL Page 4 may O FUNERAL I directar, pag shauld be fil	230	CBUR AT, CREMATION, REMOVAL (Specify) 23b DATE TH	HEREOF 23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City or Toly)	(County) (Stock)
VR A15 (4)	24	EUNERAL DIRECTOR M RES	D RISING SUN,		BY REGISTRAR 2Sb. REGISTRARS 1 2 1967 Clust	SIGNATURE Con Judge



		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
		05207 CERTIFICATE OF DEATH	05205
	1.	PLACE OF DEATH a. COUNTY HARFOR MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: a. STATE D. COUNTY MARYLAND	
	H	b. CITY OR TOWN (if outside corporate limits, write RUR) write RURAL and give nearest town) AURE CLE (CRACE) D.OA C. CITY OR TOWN (if outside corporate limits, write RUR) Pitts Field	
	4	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS AR FRED Memoria L Hospital 95 DANIELS Ave	O. IS RESIDENCE ON A FARM? YES NO
Z,		NAME OF First Middle Kelleem 4. DATE OF DEATH APRIL	Day Year 2 9 19 6 7
-	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED /-/2-/906 9. AGE (In years IF UND) Months yrs.	ER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
	10a. durl	USUAL OCCUPATION (Give kind of work done not kind of work done in the prost of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. INDUSTRY	COUNTRY?
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	
1	15/ Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address s, no, or unknown) (If yes give war or dates of service) 3/4-1/3 393 FR 4/8/CA Killerus 11/16/6/6/4	minss.
7	-66	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, If any, which) DUE TO Curlings 2'arular lesse	57/2
١		gave rise to immediate cause (a), stating the underlying cause last. DUE TO he place the cause (c) he place the cause (d)	8 7/2
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10	a) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While at work at work at work	County) (State)
			47, that (I) (we) last the date stated above.
		22a. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. 22b.	DATE SIGNED
/		22c. PHYSICIAN'S NAME (Type) LDR ARD J SIMCH 22d. ADDRESS Level De Grande	1200
	23a.	REMOVAL (Specify) 5 x-67 Har ware; Chariel hiterary Char	ce, /16/-
	24.		aris signature
-	-		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05208 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) physician ond completely filled in by the funeral a COUNTY **6 COUNTY** MARYLAND CITY OR TOWN (if autside corporate C LENGTH OF STAY IN 15 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RJRAL and give negrest town) papers fln 72 ho e. IS RESIDENCE ON A FARM? TUTION (If not in bespital, give street address) d. STREET ADDRESS YES NO NAME OF Middle DATE Manth Year DECEASED OF DEATH 19 6 (Type or print) S SEX IF UNDER 1 YEAR IF UNDER 24 FIRE AGE (In veors 7 MARRIED NEVER MARRIED ast birthday) Manths Days Haurs WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12. CIT ZEN OF WHAT 10a, USLAL OCCUPATION (Give kind of work done.) 11 BIRTHPLACE (County & State, or foreign country) during most of working the even it retired for Chapter of Grain Wacky Color 13. FATHER'S, NAME INDUSTRY **COUNTRY?** Retired MOTHER'S MAIDEN NAME DGARC APT. IA Addit BALLOW VILLA 16 SOCIAL SECURITY NO INFORMANT (Yes, no, ar unknown) (If yes give war ar dates of service AVREDE GRACE INTERVAL BETWEEN
ONSET AND DEATH 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c) buriol-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c signed by **DUE TO** Conditions, if any, which gave rise to immediate cause (a), DUF TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO ٥ 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF E THER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20s PLACE OF INJURY (Home, form, (City or town) (County) (Stole) 20c. TIME OF INJURY Month, Dov. Year factory, street, affice,bldg, etc.) -Not While be retained by 21. 1 certify that (1) (this haspital) attended the deceased fram 1966, to HPRIL saw the deceased alive an APKI 19 6 7, and that death occurred at 735 M, fram causes and on the date stored above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS M.D. DIRECTOR ADDRESS 22d. 22c-PHYSICIAN'S Poge 4 moy NAME (Type) 23d. LOCATION (City or Town 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATOR (County) (State) REMOVAL (Specify) VIPE REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR BY REGISTRAR VR A15 (4) 20 M 1/66



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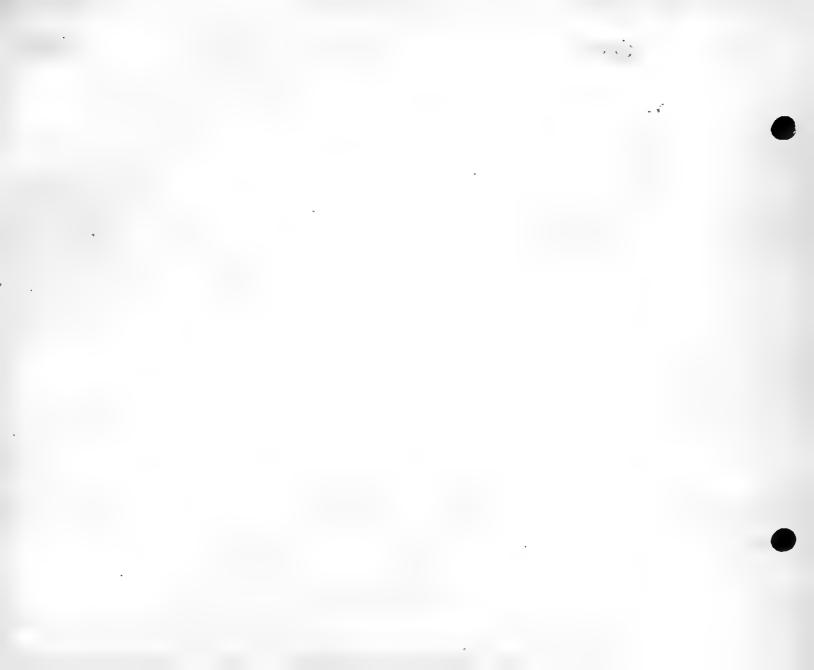
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1	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
ATE	05203 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
T.	1. PLACE OF DEATH o COUNTY HARFORD MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o STATE MARYLAND b COUNTY HARFOR 5)
	b. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) BEL AIR (RURAL) 8 M.O.S ROCKS (RURAL 21141)
ř2	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) HARF, CONVAL. HOME ON A FARM? YES NO
\	3. NAME OF DECEASED (Type or print) MINNIE LUELLA KNOPP OF DEATH APRIL 1967
)	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WHITE WIDOWED DIVORCED JANUARY 13, 1880 9. AGE (In years lift UNDER 14 ARS) 14 UNDER 14 ARS 15 UNDER 24 HRS. What is the standard of the sta
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) HOME A) AKER HOME MARYLAND 12. CITIZEN OF WHAT COUNTRY? WARRYLAND U. S. A.
	13. FATHER'S NAME HENRY J. HERN ANNIE C. OBITS
	15. WAS DECEASED EVERIN U S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT OLD Address OF RILL HILL ROAD [You no. or Lytingwn] [If yes, give wor or dates at security of 220 - 24-5557 Aaron KNOPP ROCKS, MD 21141
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) HEART FAIL URF
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (a) ARTERIO SCLERATIC CARDIO VASULAR DISEASE 10 YRS (a) stating the underlying cause lost.
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) IP. WAS AUTOPSY PERFORMED? YES IN NO.
	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING A CONTRIBUTION A C
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. [City or town) (County) (Stole) Hour o. m FEB 28 1967 at work of work
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection Z, Inquiry Z, and in my opinion death resulted fram: Natural causes Z, Accident, Suicide, Homicide, Undetermined manner
	ACTUAL SIGNATURE Phelyper Herman
	EXAMINER'S PHILIP W. HEUMAN, M.D. DEPUTY MEDICAL EXAMINER & BEL AIR, Md.
)	220 SUR AL CREMATION 276 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 4/4/1967 WILLIAM WATTERS COOPTOWN MARYLAND 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 240, REGISTRAR 24
N	24 REC'D BY REGISTRAR 246, REGISTRAR 246, REGISTRAR 246, REGISTRAR 346 REC'D BY RE

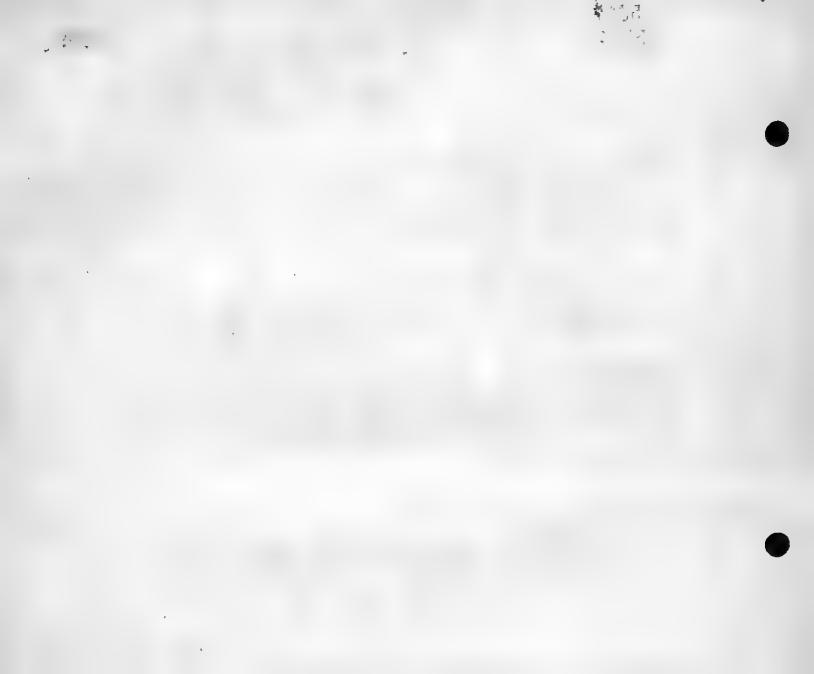


-	1	D	ivision of STATISI	TICAL RESEAR	CH AND RECORDS,	301	W. PRESTON STR	ET, BALTIMOR	E, MARYLAN	D 21201	
FOR STATE		05210		MEDIC	AL EXAMINER	'S (CERTIFICATE C	F DEATH		0	5208_
HEALTH PP.	1 PLA	CE OF DEATH	Cord		MARYLAND		2 USUAL RESIDENCE (0. STATE Mary		ed, if institution: b COUNTY	Residence before	odmission)
delay is and 3 ta M3 Page Mr P			outs de corporate l'mits	ś, (LENGTH OF STAY N 1b		c C TY OR TOWN (If a	itside corparate im	Is write RJRAL	and give neorest	town)
y de 2, and PM3 PM3 gartme affer d	, v	Havre C	give neorest town) le Grace			İ	Edgewoo	d		121	
			L OR INSTITUTION (If no				d STREET ADDRESS	11 00	1 5		ON A FARM?
form form	Ha	rford Me	emorial Hos	spital -	DOA		2304 Will	oughpy B	each Koa	ad y	YES NO 🔀
haurs after death. If bery de tem 18. Give Pages 1, 2, and Office along with farm. PM3 (and 2 with the State Departm event within 72 hours after o	3 NAM DEC (Typ	ME OF CEASED se or print)		NCHE	Midd e		LANTZ	4 DATE OF DEATH	APRIL	23	1967
after 8. Gr alang with	S SEX		6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	11	DATE OF BIRTH	los		anths Days	IF UNDER 24 HRS Haurs Min
		male	White	W DOWED	-		Oct. 6, 189				
	during s	UAL OCCUPATION I grost of working light Housewill	Give kind af wark dane e even if ret red) Θ	1NDU	OF BUSINESS OR STRY OTTO		Bradshaw,	Marylan		COUNTRY?	WHAI
w thin 24 pencil in caminer in pencil in caminer in pencil in any	13. FA	THER S NAME					14 MOTHER'S MAIDEN				
h w th n pen Exam File p			ard Knight				Angeline C	cella ur		mè a conse	3
ted " m al Es	(Yes, no	a, ar unknawn) {(IN U.S. ARMED FORCES? If yes give war ar dates o	7 9			_{NFORMANT} len B. Lant	- 230/L		Edgewood	
executed nding" i Medical permit emaval,		no				пө.	IGH D. Leult	2, 2,04	MITTOUGI		ERVAL BETWEEN
pencer st R	18	PART I DEATH	ITH (Enter only one cau I WAS CAUSED 8Y	se per line far (a)	(b), and (c))	· ·	vatir C	VD	150).		SET AND DEATH
shauld be te ward "po to the Chief burial-trans matrian, ar		4501	IMMEDIATE CAUSE	(a) /T >- / 3	23.101.11		7.0.17 = =				
wall wall		inditions, if any,	which gave }	(b)							
the state of the date of the d		se to immediate oring the underl	cause (a), (DIE	, ,							
firat ing ded ded cs c	las		y mg toose	(c)							
This certificate shauld be executed within 24 hours icate, writing the ward "pending" in pencil in New 1 be farwarded to the Chief Medical Examinent Office 1 be used as a burial-trans t permit file pages 1 and 2 in ta buriat, cremation, ar remaval, and in any event	NO IN	ART I OTHER SIG	NIFICANT CONDITIONS C	ONTR BUTING TO	DEATH 8UT NOT RELATED	TO T	HE TERMINAL D SEASE (O	NDITION GIVEN IN	PART 1(o)		WAS AUTOPSY PERFORMED? FS NO 3
S. Substantia	뙲	OO EXTERNAL CAU RIMARY I OF CON AUSE OF DEATH		20b DESCR	RIBE HOW INJURY OCCURI	RED (Enter nature of injury in	Port Lar Part La	item 18)		
	MEDICAL O	Hour a m	1.0	20d INJU While of wark I	hat While		E OF NJURY (Hame, for ory, street, office bldg , e.c.		y ar tawn)	(County)	(Stote)
AL EXAMI execute the ir. Page 4 if far your fOR: Page 5	-	21 Leartify			ns described above	hel	ld an Autansy	Inspection	, Inquiry	. and	In my opinion
AIL Sxec Fig. P. For potential		death results		al causes 🔀,			ide 🗍, Hamicide		ermined man		iii viiy opiivioii
Mestra director. etained I DIRECTO		()	d de de		Accident [],	2010	CHIEF MEDICAL	formal r	0271111104 111411		
Messe explication of the please explication of the please explication of the please of		CTUAL IGNATURE	erall (Jal	mer			DICAL EXAMINER			22. DATE SIGNED
EPUTY Issary, F funeral ay be n INERAL		YAMINER'S						AL EXAMINER		April :	24, 1967
necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated aga	N	IAME (Type)	Gerald C.	Palmer,	M.D.		Address (Stree	t city tawn, ar co		15	(((4,4,4)
necenthe the Sm. Sm. Heal	23a B	BURIAL, (REMATIOI REMOVAL (Specify) DUTIAL		EREOF	23c NAME OF CEMETERY Trinity Lut	he he	remaiory Pan Cemeta-	Z3d LUCAIRC	N (City or Town)		
		SULTIAL FUNERAL DIRECTOR		26,1967	ADDRESS	_		TY Joppa D 8y REGISTRAR	2Sb , REGIS	Harfo TRARS GNAIN	rd Md
VR A15ME (5)	Ho	ward K.	McComas &	Son, . At	ingdon, Md.	2			7 you	ares f	noge

MARYLAND STATE DEPARTMENT OF HEALTH



1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
e when	05211 CERTIFICATE OF DEATH 05209	
hours after death d in by the funera rs. Pages and hours after death	1. PLACE OF DEATH a. COUNTY /	ilon)
after the f	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to	lawn
ours aft in by th Pages hours aft	write RURAL and give nearest town) Church Church Church	velly
24 hours	d. NAME OF HOSPITAL OR INSTITUTION (If pot in hospital, give street address) d. STREET ADDRESS e. IS RESIDE ON A FARM	
n 24 y fillec paper hin 72	HARterd Memorial Hospital Box 94 YES NO	
law requires that the death certificate be executed within trending physician. Has been signed by the attending physician attachminetely as the burial-transit permit. Then please vernove carbon prior to burial, cremation, or removal, and in any exent, with	3. NAME OF DECEASED (Type or print) BADY (OR) BY Middle Last 4. DATE Month / Day Year OF DEATH APRIL 27 196	7
of the contract of the contrac	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 14 Hours Never Married 1 1 1 1 1 1 1 1 1	HRS.
ante	Temale W WIDOWED DIVORCED 4-25-67 yrs. 1/2	1411
sician lease	10a. USUAL DCCUPATION (Give kind of work done industry) 11b. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY NONE 12c. CITIZEN OF WHAT COUNTRY? COUNTRY?	
phys phys ral, a	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME , WIShom	
certifica ding pi Then remova	LARRY KANDOLPH LAWSON MARY Estella HAHAISHIGHT.	
at the death certifica ilan, d by the attending ph transit permit. Then cremation, or removal	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Force) Address (Yes, no, or unknown) (If yes give war or dates of service) NOWE Mr. Larry R. Larry R. Larry R. Larry R. Larry R. Larry R.	
the tree ation	1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1	EN
at the	PART I. DEATH WAS CAUSED BY: IMMEDIATE GAUSE (a) I Carpinatory Ensufriciency ONSET AND DEA	1+1
law requires that t attending physician, thas been signed b e as the burial-tran h prior to burial, cre	Conditions, if any, which DUE TD RESpiratory Distress Syndrome	
quires ng phy een si ee buri to bur	gave rise to immediate cause (a), stating the DUE TO The Comment of the Course (a), stating the DUE TO	
law re ttendii has bu as th prior	underlying cause last. (c) 1/7001012 mem Grane 400 east	nev-
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORME YES NO	D?
PHYSICIAN: The the hospital or a this certificate detached for use Dept. of Health	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORME YES NO 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19. WAS AUTOF PERFORME YES NO 10. DESCRIBE HOW INJURY OCCURPED. (Enter nature of Injury in Part I or Part II of Item 18.)	
PHYSI the ho this fetach	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State	e)
NG by be Stat	1000 25 1100	
ATTENDI retained CTOR, A Should vith the	21. I certify that (I) (this hospital) attended the deceased from HPR 125, 1967, to, 19, that (I) (we) saw the deceased alive on HPR 127, and that death occurred at 28 M, from the causes and on the date stated ab	
COC (1) COC (1)	22a. SIGNATURE 22b. DATE SIGNED	,
	M.D. PHYS. DIRECTOR PHYS. 122d, APDRESS	
ERA TERA	NAME (Type) ALCINSO GOMEZ 4/95. Union Ave - Warke GRAN	
Page Page of FUN	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State REMOVAL (Specify)	
Oh.	24 FUNERAL DIRECTOR ADDRESS 1258. REC'D BY REGISTRAR'S SIGNATURE	01
VR A15 (4)	Joseph William Factor Bel Him Maryland 21014 DATMAK 1 1967 galantes Judge	
15M 4-64	January of Grain Ante	



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY ve carbon papers. Pages 1 event, within, 72 hours after CLORC hours after MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) filled in I 9 e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give/street address) d. STREET ADDRESS YES NO X executed within completely NAME OF First Middle DATE Month Day Year Last 4. DECEASED OF DEATH (Type or print) 0 19 6 50 N AGE (In years | IFUNDER 1 YEAR IFUNDER 24 HRS. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. remove 7. MARRIED NEVER MARRIED FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and irector, page 3 should be detached for use as the burial-transit permit. Then please removed the filed with the State Dept, of Realth prior to burial, cremation, or removal, and in any or seconds. WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a! USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) The law requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? .S.A. NUCTIONEER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME -AHH ADDIZON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, my unkown) (If yes give war or dates of service) MRS. INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUENTO (a), stating une underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO S YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20f. (City or town) (County) MIIDICAL 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While be retained by at work OR ATTENDING p.m. 19 at work 1967 to APRIL 15 19 6 7 that (I) (we) last 21. I certify that (i) (this hospital) attended the deceased from M, from the causes and on the date stated above. saw the deceased alive on AP 19 6 7, and that death occurred at 11 22a. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v STAFF PHYS. ATTENDING PHYS. MED. DIRECTOR M.D. Page 4 may 22d. ADDRESS PHYSICIAN'S 22c. NAME (Type) ARLINGTON (State) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23d. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. BEMOVAL (Specify) 2 ARLINGTON LINGTON 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 24 FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05213 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution o. COUNTY a. STATE b. COUNTY Coshocton 5 after death. Harford MARYLAND b CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond Coshocton Aberdeen Proving Ground d NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? hours Kirk Army Hospital Route ote YES 🗍 NO TH hours after death NAME OF Middle DATE First Lost Month 72 Year 8. Give Pl DECEASED Stanley OF Φ Lewis April 67 wrth the wrthin 7 (Type or print) DEATH S SEX 1 YEAR 6 COLOR OR RACE DATE OF BIRTH AGE (In years FUNDER IF UNDER 24 HRS 7 MARRIED NEVER MARRIED Jost birthdoy) Months Dovs Hours Male Caucasian WIDOWED X DIVORCED Juna event ond 10a. US., AL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. C TIZEN OF WHAT during most of working life, even il retired) INDUSTRY COUNTRY? Ohio poges I in any Labor ⊆ General Exominer's Laborer pencil 13 FATHER'S NAME 14 MOTHER S MAIDEN NAME be executed within Unknown John Lewis File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addes shocton, pending" in ef Medical E (Yes, no, or unknown) (fiyes a ve war or dates of service) removol. -12-2158 Dawson Funeral Home. Yes Ohio INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH bedusi 20 MMEDIATE CAUSE IO) This certificate should e, writing the word forwarded to the Cl cremation, DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 0 last. burnol, c WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO pleose execute the certificate, YES -0 20o EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) agent, prior 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d IN. JRY OCCURRED 20e PLACE OF INJURY (Home form, ((ty or town) (County) (Stote) Hour a.m. While Not While loctory, street, office bldq., etc.) Your FUNERAL DIRECTOR: Poge at work ot work designated 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection x Inquiry X far and in my opin on Notural couses funerol director. death resulted from Accident Suicide . Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4-15-67 TO DEPUTY 5 may be 1 TO FUNERAL Health or r DEPUTY MEDICAL EXAMINER **EXAMINER'S** Gerald C. Palmer. M.D. Air. Md. Bel NAME (Type) Address (Street, city, town, or county) 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) Prairie Chapel Ohio April Cemetery, Coshocton ADDRESS 2So. REC D BY REGISTRAR VR A15ME (5) 1967 6M 1/66 Funeral Aberdeen. Home.

MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH <u>DIVISION</u> OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
١	05214 CERTIFICATE OF DEATH
	1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 3. STATE 26
	Harford Maryland Maryland Harford
ı	b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
ı	Aberdeen Proving Ground 4 Days Abingdon 134
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FRANZ
	Kirk Army Hospital 4228 Birch Avenue
	3. NAME DF First Middle Last 4. DATE Month Day Year DECEASEO
	(Type or print) Charles LEONArd LINDSEY Jr. DEATH APRIL 24 190/
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years FUNDER 14 PARS) Hours Min.
l	Male White WIDOWED DIVORCED 21 April 1907 yrs. 4
	during most of working life, even if retired) INDUSTRY COUNTRY?
	- Harford, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Charles L. Lindsey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	(Yes, no, or unkown) (If yes give war or dates of service) - Father (Same as above)
	PART I DEATH WAS CAUSED BY. Prematurity - hyaline membrane pulmonary disease ONSET AND DEATH
	IMMEDIATE CAUSE (a) physiologic jaundice
	Conditions, If any, which (b)
	gave rise to immediate (
	cause (a), stating the DUE TO underlying cause last, (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES X NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not While at work at work at work at work
	Hour a.m. While Not While at work at work
	21. I certify that 4) (this hospital) attended the deceased from 21 April 1967 to 24 April 1967, that 4) (we) last
	saw the deceased alive on 24 April 1967, and that death occurred at 540 pm, from the causes and on the date stated above.
	22a. SIGNATURE 22b. DATE SIGNED 22b. DATE SIGNED 25 April 1967
	M.D. PHYS. 25 April 1967
1	NAME (Type) LELAND WIGHT, CPT, MC Kirk Army Hospital, APG, Md.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF L23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial (Specify) April 27, 1967 BEI Am MEmorial Garden BEI Air Harrard Co. Maryland 21014
	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
· ·	Joseph william Tosk Bel its Midnight 21014 parter 27 1967 Chances Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05215 CERTIFICATE OF DEATH deoth. PLACE OF DEATE 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before party specified) o. COUNTY o. STATE b. COUNTY requires that the death certificate be executed within 24 hours after MARYLAND CITY OR TOWN (M outs de c. LENGTH OF STAY IN 16 c. CITY OR TOWN 1st outside corporate limits, write RURAL and give near write RURAL and pive negre Aberdeen. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO [NAME OF Middle Lost 4. DATE DECEASED complete OF DEATH S SEX 9 AGE (In years 6 COLOR OR RACE **3F UNDER 1 YEAR** IF UNDER 24 HRS 7 MARRIED NEVER MARRIED DATE OF BIRTH lost birthdoy) Months Hours DIVORCED Sept. WIDOWED 10o. USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT during most of working Je, even if retired) INDUSTRY COUNTRY? Czechoslovakia Farm 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Cecilie Kundraby Karl Mackovi MAKE OWN **经验收的的转换** WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (Yes no, or unknown) (If yes give wor or dates of service) Alphonse J. Hostinek. Raltimore es INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (d), (b), and (c)) buriol-tronsit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (b) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a) DUE TO stating the underlying couse this certificate has been use as the lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ed for use of Health p YES [NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) ---(Stote) Hour o.m foctory, street_office bldg , etc.) FUNERAL DIRECTOR: After at wark Poge 4 moy be retoined by 21. I certify that (1) (this haspital), attended the deceased from the work. . 1961 . to 6th 1965, and that death accurred at/2:/04M, from causes and on the date/stated above. saw the deceased alive an Hame 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS PHYS. 22d, ADDRESS 22c. PHYSICIAN'S director, po should be f NAME (Type) BURIAL, CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Spesutia Cemetery Md. April Perryman (Harford Tarrinaporesuneral Hompesso RECD BY REGISTRAR FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE liantes VR A15 [4] Aberdeen, Md. 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o COUNTY o STATE Maryland Page 5 COUNTY .0 Harford Harford MARYLAND deloy and 3 Deportment b CITY OR TOWN (If outside corporate I mits, C . ENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest tawn) , 2, a... P.M.3. P write RURAL and give nearest town) 16 Edgewood years Edgewood d MAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE NOURS Orm ON A FARM? 335 McCann Street Poges YES NO 🗷 hours ofter deoth 3 NAME OF First Middle Lost 4 DATE Month Doy Year DECEASED 12 67 April Item 18. Give VIRGIN DID HAVE McDANIEL 19 (Type or print) DEATH S SEX AGE (In years F UNDER 1 YEAR FUNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARR ED B. DATE OF BRITH 68 ost birthdoy) Months -White Feb. 16, 1899 Hours Female WIDOWED DIVORCED CV event ond 100 USUA, OCCUPATION (Give kind of work done 10b, K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life even if retired)
Housewife INDUSTRY COSSE ? Kentucky ONV Examiner's 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME pencil be executed within Ξ Elizabeth Thompson William E. Hunter Q) and S WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCA. SECURITY NO 17 INFORMANT Address Md pending" in lef Medical E (Yes, no, or unknown) (If yes give war or dates of service or removol. Mrs. Jewell B. Dudley, 335 McCann St. Edgewood none no INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) writing the ward This certificate should cremation, DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse forworded used os buriol, c lost. 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? the certificate, be to YES NO DO 200 EXTERNAL CAUSE WAS prior 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) PRIMARY CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c TIME OF INJRY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Hour om. foctory, street, office bldg., etc.) Not While of work please execute at work designated 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection 🔀 Inquiry 1 and in my apinian for FUNERAL DIRECTOR: director. death resulted fram-Natural causes Accident Suicide | Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE # the funerol TO DEPUTY DEPUTY MEDICAL EXAMINER 174 **EXAMINER'S** Address (Street, city, town, or county) Bel Air. Md. Heolth (Gerald C. Palmer. M.D. NAME (Type) 235. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. (County) (State) 90 REMOVAL (Specify) Bel Air Harford Air Memorial 25b REGISTRAR'S SIGNATUR 24. FrineRAL DIRECTOR VR A15ME (5) 1967

Howard K. McComas & Son. Abingdon, Md.

6M 1/66



1 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND.
	24	05217 CERTIFICATE OF DEATH
hours after death	類)	1. PLACE OF DEATH a. COUNTY b. COUNTY c. STATE b. COUNTY
fter the A	# Htt	HARFORD MARYLAND
by 1	s. Pages hours aft	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) APURE OR GRACE 59 445 OPPA
hour in be	ers. 72 ho	J. NAME OF HOSPITAL OR INSTITUTION (If not in hospita), give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
n 24 ho	pap hin 7	HARTORD MemoRIAL HOSPITAL 200 FITS hugh Rd YES NO
rted within completely	emove carbon papers. any event, within 72 h	3. NAME OF DECEASED (Type or print) ANNA LUCIVE M. HENRY DEATH ADD. L. 22 1967
ted	even even	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
xecu	any	Leyale 11 WIDOWED DIVORCED Tel 38-1899 Bass DIVINGUY) Months Days Hours Min.
be a	10 E	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR LI. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ate	a a se	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ing /	Then	Henry Howell Mary Connelly
that the death certificate be executed within sician. The store of the strength of the store of the strength o	불능	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 261-10-03787mm, World and Bantle H 2007 to Very Rd
e de	T 62	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
at th ian. d by	-transi I, crem	PART I. DEATH WAS CAUSED BY: Myoraltial Interction Orllusive Schools
	burial-I burial,	Conditions, If any, which DUE TO Company throng The Straight Strai
law requires ttending phy has been sig	to b	gave rise to immediate cause (a), stating the course (a), stating the
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he la or at ate h	alth	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? VICE MUST CONTRIBUTE OF THE AUTOPOLITIES TO THE THE AUTOPOLITIES TO THE THE AUTOPOLITIES TO THE AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING TO LAUSE OF MEATH OR CONTRIBUTING CAUSE OF MEATH (IF EITHER, NOTHER MEDICAL EXAMINER) 19. WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Atem 18.)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY bon papers. Pages 1. within 72 hours after after by the MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town hours Ace Ξ. filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS NO X YES an and completely five remove carbon partially in any event, within MOTI executed within NAME OF First Middle DATE Month Day Year Lest DECEASED (Type or print) DEATH 19 AGE on years | FUNDER 1 YEAR | FUNDER 24HRS. lest birthday) | Months | Days | Hours | Min. SEX 6. COLOR OR RACE 8. DATE OF 9. 7. MARRIED a WIDOWED M DIVORCED [10b. KIND OF BUSINESS OR physician and physician and physician and physician and income and 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? certificate be U.S.A. Laborer State Road dest Virginia removal. 13. FATHER'S NAME MOTRER'S MAIDEN NAME Unknown Frank McMil .on Addresyan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 109 this certificate has been signed by the attendetached for use as the burial-transit permit. e Dept. of Health prior to burial, cremation, or a Diver death (Yes, no, or unknwn) | (If yes give war or dates of service) -de irs. Ann lavre irace Gre forv INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for law requires that the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO K YES [the hospital 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) be de State factory, street, office bldg., etc.) Hour a.m. After I Not While While be retained by at work at work OR ATTENDIN TO FUNERAL DIRECTOR: Afficector, page 3 should be should be filed with the S 21, I certify that (I) (this hospital) attended the deceased from Core 25 M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at SIGNATURE DATE SIGNED 22b. 22a. PHYS. MED. STAFF PHYS. M.D. DIRECTOR Page 4 may PHYSICIAN'S 22c. 220. NAME (Type) arvland de Frace. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. REMOVAL (Specify) Fallston. Lethodist Liryland ston bari FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Jarrettsvil Kurtz VR A15 (4) arles le. Md. 15M 4-64

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UTY MEECA Try, please e- eral director be retained RAL DIRECTOR		ACTUAL SIGNATURE Yould & Falmer M.D. ASSISTANT MEDICAL EXAMINER BERAY	22. DATE SIGNED
TO DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age	,	EXAMINER'S Ge-5/d CP2/h er M.D. DEPUTY MEDICAL EXAMINER A Address (Street, city town, or county) 7-33. 230 BUR AL, CREMATION, 236 DATE THEREOF 23C. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County)	(State)
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VR A15ME (5)	3	24 FUNERAL DIRECTOR W. Broadway Williams St. 250 REGURARY SHOWN ST. DATE APR 250 REGURARY SHOWN TO SEPT DEL AFTE, manyland 21014 DATE	Judge
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 95220 The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) o. COUNTY o STATE **6 COUNTY** MARYLAND filled in by the fa n papers Pages b CITY OR TOWN (If outside corporate + mits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RaRAL and give neorest town oan papers Pag Within 72 haurs IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 04 OA YES T NO X NAME OF DATE Middle Lost Month Doy Year unquo Eirst physician and completely DECEASED OF remove carb 19 Type or print DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX AGE In years 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED lost birthday) Months Hours Dovs WIDOWED DIVORCED 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND QE_BUSINESS OR RIRTUPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? please 13 FATHER'S HAME 14. MOTHER'S MAIDEN NAME ar remayal, WAS DECEASED EVER IN .. S ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address ves give wor or dotes at service burial, crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by the haspital or attending physician. DUE TO MURSEN Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse as the prior to O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use Health p NO X YES 🔲 far 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port 11 of item 18) OR CONTRIBUTING CAUSE QEDEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (County) (State) TIME OF INJURY Month, Doy, Year foctory, street, office bidg., etc.) Hour om. Not While p.m. of work þe 21. I certify that (I) (this hospital) attended the deceased from director, page a successful di be retained and that death occurred of 22 sow the deceased alive on CPM, frem couses and on the date/stated obove 22o. SIGNATURE, 22b. DATE SIGNED ATTENDING Zerr M.D. PHYS. DIRECTOR PHYSICIAN'S 22d. ADDRESS Page 4 may NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City or Town (State) 23b. DATE THEREOF 23c (County) 230 BURIAL CREMATION REMOVAL (Specify) 25b REGISTRAR S SIGNATURE **ADDRESS** 25o. RECD BY REGISTRAR 24. FUNERAL-DIRECTOR VR A15 (4) 20 M 1/66 (Clians on



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Harford b. COUNTY Harford Marvland a. STATE hours after 1 MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag hin 72 hours Fallston 39 vears Fallston d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely fill ye carbon pap event, within 7 Bel Air Road (U.S. Bel Air Read NO P YES death certificate be executed within 3. NAME OF First Middle Last DATE Month Day Year DECEASED (Type or print) Neikirk Myrtle Florence DEATH April 67 19 SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS. remoy last birthday) Months | Days Hours Female White Oct. 12, 1889 WIDOWED TO DIVORCED please re 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY physician 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Housewife Homemaker Harford Co., Maryland U_S_A_ removal. 13. FATHER'S NAME MOTHER'S MAIDEN NAME Jacob A. Domen Elizabeth Beaumont 17. INFORMANT (Brother) 838-6148 dress 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) | (If yes give war or dates of service) certificate has been signed by the attended for use as the burial-transit permit.

t. of Health prior to burial, cremation, or I 16. SOCIAL SECURITY NO. Mr. William B. Doxon Bel Air. Md. 21014 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] requires that the INTERVAL BETWEEN ONSET AND DEATH PART J. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) The law requires that to or attending physician, DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) WAS AUTOPSY PERFORMED? YES NO TE PHYSICIAN: 7 the hospital of 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be detaclled State Dept. this MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. TO FUNERAL DIRECTOR: After director, page 3 should be of should be filed with the State While OR ATTENDING I Not While 19 at work at work and that death occurred at 9P. 115 to 4 - 25 21. I certify that (I) (this hespital) attended the deceased from 1947. that (I) (we) last saw the deceased alive on _M, from the causes and on the date stated above. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. April M.D. 4 may DIRECTOR PHYS. PHYSICIAN'S NAME (Type) 22d. ADDRESS Gerald C. Palmer. M.D. S. Main St., Bel Air, Md. 21014 BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) Apr. 28, 1967 Mt. Zion Meth. Ch. Cem. Fountain Green, Harf.Co. Md FUNERAL DIRECTOR Broadway APRILLIAMS St. REC'D BY REGISTRAR [25b. REGISTRAR'S SIGNATURE Bel Air. Maryland 21014 196 VR AI5 (4) 100 1/65 Joseph William Foster

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FOR STATE	05222	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	05220
HEALTH DEPT.	O COUNTY H J F	MARYLAND	o STATE M G. b	COUNTY (7)
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TO DEPUTY MEDICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health or its designated aga	EXAMINER'S GCTAIL	e Polner n	DEPUTY MEDICAL EXAMINER Address (Street, city town, or county)	4-226/
the Heol	230 BJRIAL CREMATION, REMOVAL (Specify) Burial April		Roll As-	or Town) (County) (Stote) Harford MA
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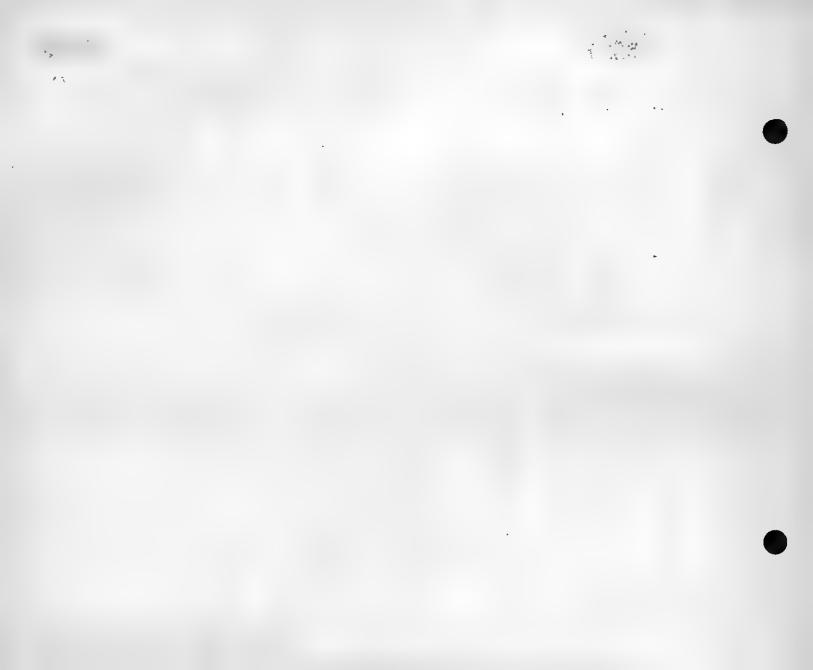
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH 05223 I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Harford Harford MARYLAND ve carban papers. Pages 1, event, within 72 hours after 24 haurs after attending physician and campletely filled in by the sormit. Then please remains carban papers. Pages b CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If putside comprate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 Churchville Churchville d STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (II) not in hospital, give street address) NOXES Route requires that the death certificate be executed within 3. NAME OF Middle DATE First Lost Doy Year DECEASED OF DEATH NOBLE JR. 1967 HAROLD A. April 22, (Type or print) IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH Lost birthdoy) Dovs Hours Caucasian WIDOWED DIVORCED Dec. 106. KIND OF BUSINESTORS COVILL, BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even fret red) Kansas City. Mo. Technical Director Aber. Pr. Gd. Dev. & Pr. Svcs. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME or remova Farold A. Noble Sr. Edna Snyder 15 WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes of service) Mrs. Tris Noble. Churchville. Md. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line (c), (b), and (c). signed by the burial-transit p SHEETOANE DEA PART 1. DEATH WAS CAUSED BY 9 chremia IMMEDIATE CAUSE (6) Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO far use as the l f Health prior ta b stating the underlying couse lest 19. WAS AUTOPSY PERFORMED? PART II, OTHER ISIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) NO 20h DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item IB detached for the Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (etot2) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) at work 21. I certify that (1) (this hispital) attended the deceased fram and that death accurred at him, Form causes and an the date stated above 22b DATE SIGNED 220. SIGNATURE ATTENDING DIRECTOR PHYS. director, page 3 should be filed v M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Md. Law Street. Aberdeen. Peter Rodman 23d. LOCATION (City or Town) 23b. DATE THEREOF 23¢ NAME OF CEMETERY OR CREMATORY (Stote) 23a BURIAL, CREMATION, REMOVAL (Specify)
Burial April Aberdeen Md. Harford Memorial Gardens. 25b. REGISTRAR'S SIGNATURE ADDRESS Funeral Home 2So. REC'D BY REGISTRAR JUNERAL DIRECTOR VR A15 (4) Aberdeen.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) e. COUNTY b. COUNTY after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give/neares) town) c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b hours filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE DN A FARM? d. STREET ADDRESS = NO DO 2. YES completely we carbon p Z M NAME OF First Middle DATE Month Day Last DECEASED OF DEATH (Type or print) 19 ev AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. DATE OF BIRTH 9. етоме 6. COLOR OR RACE 7. MARRIED Y NEVER MARRIED 8. in any WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT physician and ph 10b. KIND OF BUSINESS OR (County & State, or foreign country) during most of working life, even if retired) COUNTRY? certificate be 5.A remoyal, MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT been signed by the attention the burial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) INTERVAL BETWEEN DASET AND OFATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (t). PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. has prio (c) WAS AUTOPSY CERTIFICATION PART II, DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) After this certificate had be detached for use a State Dept. of Health p PERFORMED? YES NO TO 2Da. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bidg., etc.) Hour a.m. After Not While While at work at work TO HOSF and be recome Page 4 may be recome TO FUNERAL DIRECTOR: After Illector, page 3 should be and be filed with the St , that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from to. and that death occurred at 1000 M M, from the causes and on the date stated above. 19 😅 saw the ideceased alive on DATE SIGNED 22a. SIGNATURE ATTENDING STAFF PHYS. PHYS. M.D. DIRECTOR PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. DATE THEREOF REMOVAL (Specify) . REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 15M 4-64



1.	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	DVI AND
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xecuted within 24 hours after and completely filled in by the more carbon papers. Pages any event, within 72 hours after any event.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAVRE OF CRACE HAURE OF CRACE	1 1 - 400
fille pape in 7;	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS HARford Memorial Hosp. 610 Tsego ST	e. IS RESIDENCE ON A FARM? YES NO
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PHYSICIAN: The law requires that the death certificate be ethe knospital or attending physician. This certificate as been signed by the attenting physician detached for use as the burial-transit permit. Then please re Dept. of Health prior to burial, cremation, or removal, and in	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO DUE TO	NTERVAL BETWEEN ONSET AND DEATH
N: The law tal or atter ifficate ≣as for use as frealth pri		19. WAS AUTOPSY PERFORMED? YES NO
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OR ATTENION OF A	21. I certify that (i) (this hospital) attended the deceased from Agric 9, 1967, to Agric 1967 and that death occurred at 900 M, from the causes and on the 22a. SIGNATURE M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	
O HOSPITAL O PAGE 4 may O FUNERAL D director, pag should be file	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 23a. DURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or count REMOVAL (Specify)	y), (State)
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AX	,,,,,	05226 Item #8 Film #G387 LICERTIFICATE OF DEATH	1)5224
r death.	1.		ere deceosed lived, if institution: Residence before admission) b. COUNTY A.
requires that the death certificate be executed within 24 hours after deatiling physician. In signed by the attending physician and completely filled in by the function burial-transit permit. Then please remove corbon papers. Pages I and a burial, cremation, or removol, and in any event, within 72 hours after death.		HAURE OF GRACE 3 days EAST	de corporate limits, write RURAL and give nearest town)
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equires that the d physician. signed by the attr burial-transit per burial, cremation,		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Priumonia & Cardiac decor 163 X Due to	mpan sation gyst and Death
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DING PHYSIC by the haspi (fter this certi be defoched Stote Dept. of	MFDICA	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m p.m. 19 20d. INJURY OCCURRED While of work Of work 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg, etc.)	20f. (City or town) (County) (Stote)
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TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	/	NAME (Type) ATW. GRIGOLEIT HOUVE	23d LOCATION (City or Town) (County) (State)
TO HOSPI Poge 4 n TO FUNER director, should b		BEMPALAPORTY APRIL, 12,1969 HOLY SAVIOR CEM.	BETHLEHEM, North, PA,
VR A15 (4)	5	P. Maderon M. toball Housede Grace Mid. DAPR	13 1967 Junge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05225 05227 The law requires that the death certificate be executed within 24 haurs after death ian papers. Pagés l'and within 72 haurs affer death 2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission PLACE OF DEATH filled in by the funeral papers. Pagés l'and o COUNTY o. STATE b. COUNTY MARYLAND TOWN (If outside corporate limits, write RURAL and give nearest town) OR TOWN (If autifide corps c. LENGTH OF STAY UK 16 c CITY OR wate RURAL and give inegrest B IS RESIDENCE ON A FARM? d. STREET ospital, give street address ON (If not ye YES NO K 4 DATE 3. NAME OF Dov Year the attending physician and campletely sit permit. Then please remays carpon DECEASED OF DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED birthdovi Months Dovs Hours WIDOWED DIVORCED or remaval, and in day 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR or foreign country) 10n USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & Stote during most of working life, even if retired)

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13 FATHER'S NAME INDISTRY . COUNTRY ITETIR 006 14 MOTHER'S MAIDEN 16 SOCIAL SECURITY NO 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) LSTON MO 1364 crematian, INVERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line (or (d), (b) and (c)) DASET AND DEATH burial-transit PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) O FUNERAL DIRECTOR: After this certificate has been signed by **DUE TO** Conditions, if ony, which gove nse to immediate cause (a). DUE TO as the l stoting the underlying couse Page 4 may be retained by the haspital ar attending last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ATO far use detached far use to Dept. af Health NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I of Port II of Item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING ETCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20d INJURY OCCURRED 20c, TIME OF INJURY Month, Doy, Year foctory, street, office bldg; etc.) shauld be 21. I certify that (I) (this haspital) attended the deceased from and that death occurred at M, from causes and an the date stoted above saw the deceased alive and 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR PHYS PHYS ADDRESS 22d 22c PHYSICIAN'S NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF BURIAL, CREMATION, REMOVAL (Specify) emalun 25b, REGISTRAR'S SIGNATURE EUNERAL DIRECTOR VR A15 (4) 20 M 1/66



1 1	Division of STATISTICA	MARYLAND STATE DEF L RESEARCH AND RECORDS, 301	PARTMENT OF HEALTH W. PRESTON STREET, BALTIMOR	E, MARYLAND 21201
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the funeral ages I and seath	D PLACE OF DEATH a. COUNTY b CITY OR TOWN (If gatside carparate winits,	MARYLAND C. LENGTH OF STAY IN 16	2 USUAL RESIDENCE (Where deceased live o STATE c CITY OR TOWN (If outside carparate imm	d, if institution: Residence before admission) b (OUNTY (its, write RURAL and give nearest town)
In 24 hours after filled in by the formal papers. Pages thin 72 hours after	d. NAME OF HOSPITAL OR INSTITUTION (IF not in the control of the c	haspital, give street address)	d. STREET ADDRESS	e is residence on a farm?
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w requires that the death certificate be executed within 24 hours after death. Jing physician. een signed by the ottending physicion and completely filled in by the funeral the buriol-transit permit. Then please remays eathon papers. Pages 1 and 2 r to buriol, cremotian, or removal, and in any event, within 72 hours after death or to buriol.	18. CAUSE OF DEATH (Enter only one cause per PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave nose to immediate cause (a), stating the underlying cause last.	er line tor (a), (b): and (e).) (a regentlal Heart is (4 ntine to ref x) Sichel Ordens suctions	esiase intre bifect arteristes	INTERVAL BETWEEN ONSET AND DEATH
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LDING PHYS of by the hos After this ce detache e Stote Dept.	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. 1 certify that (1) (this haspita	While at wark facto	ny, street, affice bldg , etc.)	X/3 , 19 6), that (I) (we) las
AI OR ATTENDY be retained II DIRECTOR: Soge 3 should filled with the	saw the deceased alive on 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	<u>V/3 19 (2)</u> , and that	death accurred at M, fra	m causes and an the date stated above STAFF 22b DATE SIGNED STAFF 4/3
TO HOSPIT Poge 4 my TO FUNERA TO FUNERA Girector, I should be	23a BURIAL PREMATION, REMOVAL (Specify) 24 FUNERAL DIRECTOR	23c NAME OF CEMETERY OR C	REMATORY 23d OCATION CONTROL 2Sq. REC'D BY REGISTRAR DATE APR 1 0 19	N (City actionary (County) (State) R C C C C C C C C C C C C



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE DF DEATH a. COUNTY b. COUNTY Harford Harford Marvland hours after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b oon papers. Pag within 72 hours Forest Hill Air yrs. ,≡ d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled ON A FARM? YES T NO X Jarrettsville Convalescing Home executed within completely DATE Month Day Year NAME DE Middle Last DECEASED event, 1 Apri 7 67 DEATH 19 (Type or print) Roberta Reynolds AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH attending physician and corrmit. Then please remove 1, or removal, and the any ew 7. MARRIED NEVER MARRIED Thite Pemale WIDOWED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) certificate be COUNTRY? Stafford, Maryland . S . A Housewife Horie 13. FATHER'S NAME Priscilla Ross Amr or Rees University 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no. or unkown) | (If yes give war or dates of service) death transit permit cremation, or Mrs. Friscilla Stansbury INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c),] After this certificate has been signed by the bedetached for use as the burial-transit State Dept. of Health prior to burial, cremar Pulmonary Hemorrhage PART I, DEATH WAS CAUSED BY: min the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Gen. Arteriosclerosis vears Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO [YES 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) After this (State) 20e. PLACE OF INJURY (Home, farm, (County) MEDICAL 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. Not While be retained by at work at work Aug. 20 . to Apr.]] 19 62. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from Page 4 may be retained FUNERAL DIRECTOR: Axriar. 19 6 AM, from the causes and on the date stated above. saw the deceased alive on and that death occurred at 1 22b. DATE SIGNED 22a. SIGNATURE. Apr. 11/67 page PHYS. DIRECTOR 22d, ADDRESS PHYSICIAN'S director, p should be 1 NAME (Type) Robert Barthel Forest Hill. Maryland (State) 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Coontown, Caryland 25a. REC'D BY REGISTRAR'S SIGNATURE William Watters **ADDRESS** 24. FUNERAL DIRECTOR Kurtz Jarrattsvil VR A15 (4) Chirles le. I.d. 15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05230 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution Residence before admission) A COUNTY Hafford b COUNTY Maryland Harford MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen Aberdeen Rural IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Route #3 Route Box YES X X NO NAME OF Middle DATE First Year DECEASED ALICE W. RICHARDSON April 67 (Type or print) DEATH S SEX AGE (in years YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED TY DATE OF BIRTH NEVER MARRIED please remove birthdoy! Months Dovs Hours July 1893 Causasian WIDOWED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT On USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY the attending physician sit permit. Then please Housewife Harford County, Md Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, George E. Wright Emma Elizabeth James INFORMANT Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) [(If yes give wor or dotes of service) 16-108 Willard Richardson, Aberdeen, Md crematian, 18 CAUSE OF DEATH (Enter only one couse per line for INTERVAL BETWEEN signed by the burial-transit p PART + DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO delic word and buria. Conditions, if ony, which gove rise to immediate couse (a), over DUE TO stoting the underlying couse as the priar tak Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? MEDICAL CERTIFICATION far use State Dept. of Health NO YES I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20r TIME OF INJURY Month, Dov. Year foctory, street, office bldg . etc.) Hour o.m. Not While 19 at work at work 150:10 21. I certify that (1) (this hospital) attended the deceased from 19____ that (I) (we) last director, page 3 should shauld be filed with the ond that death accurred at 9 AM, from causes and an the date stated above. saw the deceased alive of 220. SIGNATURE ATTENDING DIRECTOR PHYS M.D 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Mazei Maryland Habre de Grace 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 230. BURIAL, CREMATION, (County) Spesutia Cemetery Perryman Harford Md. April 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Home Charles VR A15 (4) 1967 Aberdeen.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY a. STATE after FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and colmisterly filled in by the firetor, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 hours be mied with the Statm Dept, of Mealth prior 10 murial, cremation, or removal, and in any event-within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b Write RURAL and glye nearest town) DOURS a enso 0 e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 24 NO executed within NAME DE Middle Month Day First Last DATE DECEASED OF DEATH 19 (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED last birthday) | Months Hours WIDOWED OIVORCED .0 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR INDUSTRY 1Da. USUAL OCCUPATION (Give kind of work done (County & State, or foreign country) death certificate be COUNTRY? during most of working life, even if retired) 9. m FATHER'S NAME MOTHER'S MAIDEN NAM 17. INFORMANT Address 15. WAS OECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, op unkown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line ONSET AND DEATH PART I. OEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate DUE TO (a), stating underlying cause last. WAS AUTOPSY PERFORMED? CERTIFICATION 19. DISFASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL NO F YES PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) (State) MEDICAL (County) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from , and that death occurred at 1045 _M, from the causes and on the date stated above saw the deceased alive Dn. 19 / 7 22b. DATE S!GNED 22a. SIGNATURE STAFF PHYS. ATTENDING PHYS. MED. DIRECTOR M.D. **ADDRESS** PHYSICIAN'S 22d. director, p 22c. NAME (Type) (State) CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION. 23b. 23c. NAME OF REMOVAL (Specify) 0 OPIA REGISTRAR'S SIGNATURE REC'D BY'REGISTRAR 25b FUNERAL DIRECTOR 196 VR A15 (4) 15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05232 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived of institution: Residence before admission) a STATE Maryland a (OUNTY Harford M3. Page b COUNTY Harford 10 to MARY, AND delay b CITY OR TOWN (If guts de carparate limits. C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate amits write RURAL and give nearest town) pup I E Wr to RURAL and gave negrest town Havre de Grace Edgewood d NAME OF HOSP TAL OR INSTITUTION (f not in hospital, give street oddress) S RESIDENCE d STREET ADDRESS ON A FARM? haurs 3917 Love Drive alang with far Harford Memorial Hospital - DOA Item 18. Give Pages ote YES NO K haurs after death 3. NAME OF Middle First 4 DATE Last Month Day Year DECEASED OF ERIDID **LEONARD** SHEETS APRIL 19 67 26 within (Type or print DEATH AGE S SEX IF UNDER 1 YEAR IF JNDER 24 HRS 6 COLOR OR RACE 8 DATE OF BIRTH n years 7. MARRIED -NEVER MARRIED 3 last Manths Sept. 23. 6 rthday) Days Haurs White 1929 Male WIDOWED DIVORCED event \subset and 10a USUA, OCCLPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT during most of working the even if retired)

Mechanic INDUSTRY USA VICTORIAN P Bakersville, N.C. auto dny = Chief Medical Examiners pages pencil 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within .⊑ Isaac Sheets Rose Fyre 틆 and 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Balto. Md. 16 SOCIAL SECURTY NO Address permit. (Yes, na ar unknown) (If yes give war ar dates af service) remaval, 'pending" 409-460428 Mrs. Evelyn Sheets, 5 W. Midland Ave. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART 1, DEATH WAS CAUSED BY 5 IMMEDIATE CAUSE (o) writing the ward This certificate shauld crematian, DUE TO Conditions, if any, which gave rise ta immediate cause (a). farwarded to DUF TO stating the underlying couse O QS O burial, 19. WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO FX the certificate. þe þe 200 EXTERNAL CAUSE WAS PRIMARY (2) OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of sourcy in Part I or Part II of Item 18.) prior shauld JECAL EXAMINER: CAUSE OF DEATH agent, 20c TIME OF IN. JRY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) Will ough by 12 22 YOUR DIRECTOR: Page of wark please execute designated for 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 4 Inquiry ond in my opin an director death resulted from Natural causes Suicide Hamicide Undetermined manner may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUREC funeral FUNERAL O DEPUTY necessary, DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 170 FUNEI Health (NAME (Type) Address (Street, city, town, or county) the (State) (23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION LOCATION (City or Town) Bakersville REMOVAL (Specify) Removal Mitchell Co. Apr Henline Funeral Home REC D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME (5) Howard K. McComas & Son, Abingdon, Md. 21009 achania

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	DIVISION OF STATISTICAL F	MARYLAND STATE DEPARTMENT OF HEA RESEARCH AND RECORDS, 301 W. PRESTON STR	LTH EET, BALTIMORE 1, MARYLAND
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n filled papers hin 72 l	d. NAME OF HOSPITAL OR INSTITUTION (IF IN	not in hospital, give street address) d. STREET ADDRESS	0. IS RESIDENCE ON A FARM? YES X NO
death certificate be executed within thurs is attending physinian and completely filled in by permit. Then please remove carbon papers. Pagion, or removal, and in any event, within 72 hours.	3. NAME OF First DEGEASED (Type or print)		ATH 4 22 1967
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feath c e atteno ermit. on, or r	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, pr unkown) (If yes give war or dates of service)	216-36-POIY MINNIE C. SMITH	1401161 1-43/11/14
	18. CAUSE OF DEATH (Enter only one sees PART I, OEATH WAS CAUSED BY IMMEDIATE CAUSE (6)	repetitine for (a), (b), and (c). I	INTERVAL BETWEEN ONSET AND DEATH
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law require stending phas been as the bulle prior to brior to brio	cause (a), stating the DUE TO underlying cause last.	Cular Disease,	CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
CIAN: The la ospital or atl certificate hed for use to Health pt. of Health pt.	Senilety.	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (PERFORMEO? YES NO
Ag tags		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of Injury I	
NG by fter be Stat	20c, TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bids, etc.) 20 at work at work	
	21. I certify that (I) (this hospital) saw the deceased alive on	attended the deceased from 4-1, 1947, 2007, and that death occurred at 733 M	to 4-22, 19 47 that (I) (we) las, from the causes and on the date stated above
	22a. SIGNATURE	M.D. ATTENDING MED. DIRECTO	STAFF - (//>>//-
TO HOSPITAL OR Page 4 may be TO FUNERAL DIRE Incertor, page 3 should be filed v	NAME (Type) Clubs C	(Citoo, M.D) Havre	ac Grace, Aud. LOCATION (City, town or county) (State)
TOT TOT TOTAL	REMOVAL (Specify) 24. FUNERAL DIRECTOR	1 Bay Niew Meth Ca	EGISTRAR 256. REGISTRAR'S SIGNATURE
VR A15 (4)	Grant funeral Home	Croud North East, md min APR 2	6 1967 Milarles Judge

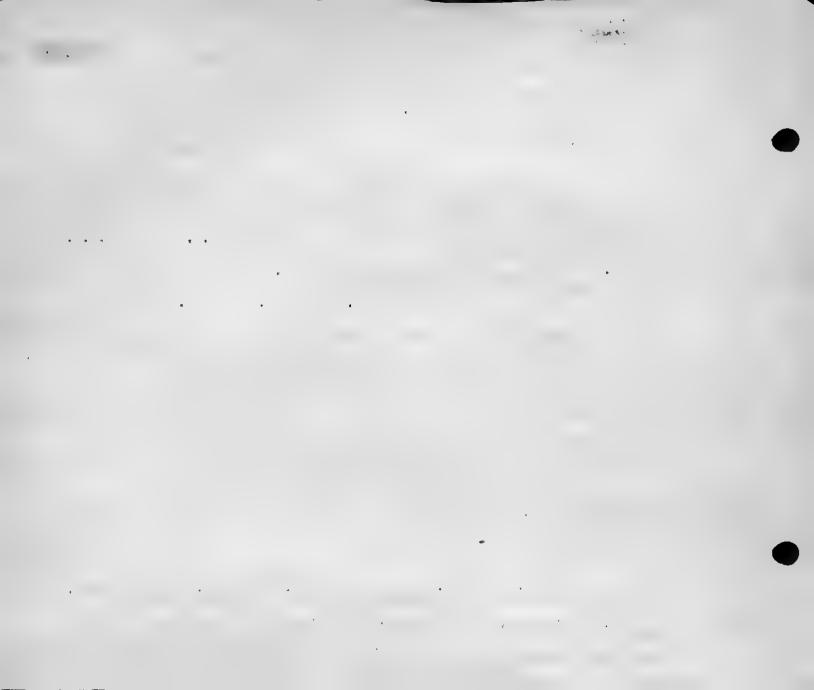


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1/67 kk Ttems 05234 I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence o. COUNTY o. STATE **B. COUNTY** MARYLAND requires that the death certificate be executed within 24 haurs after CITY OR TOWN (If outside appointe limits write RURAL and give indulest town) the attending physician and campletely filled in by the sit permit. Then please remove carban papers. Pages C LENGTH OF STAYAN 16 c CITY OR TOWN (Maytside corporate limits, write RURAL and give nearest town hin 72 hc d STREET ADDRESS e IS RESIDENCE ON A FARM DR INSTATUTION (If not in hospital, give street address) Mithin YES NO please remove carban DATE Lost DECEASED (Type or print) OF DEATH S SEX AGE (In years IF UNDER 1 YEAR IF JNDER 24 FIRS 6 COLOR OR MARRIED NEVER MARRIED Hours and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work-done KIND OF BUSINESS OR 2 CIT ZEN OF WHAT (County @State, or foreign country during roost of working life, even if retired NOUSTRY House WOR 13. FATHER'S NAME MOTHER'S MAIDEN NAME crematian, ar remaval, Mwood WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address no, ar unknown) (If yes give wor or dates of service) CAUSE OF DEATH (Enter only one couse per line for (o), (b), one (c)) buriol-transit PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) physician. DUE TO signed 1 buriol. Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital or attending as the priar to b has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) with the State Dept. of Health YES this certificate Б 20o. ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIEY, MEDICAL EXAMINER 3 (County)_ 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home form. (City or town) (Stote) Hour om foctory, street, office bldg., etc.) O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. and that death accurred at saw the deceased alive an. M, fram causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS PHYS directar, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL GREWATTEN DATE THEREOI LOCATION (City or Town (Stote) (County) REMOVAL (Specify) 24_EUNERAL DIRECTOR VR A15 (4) 20 M 1/66

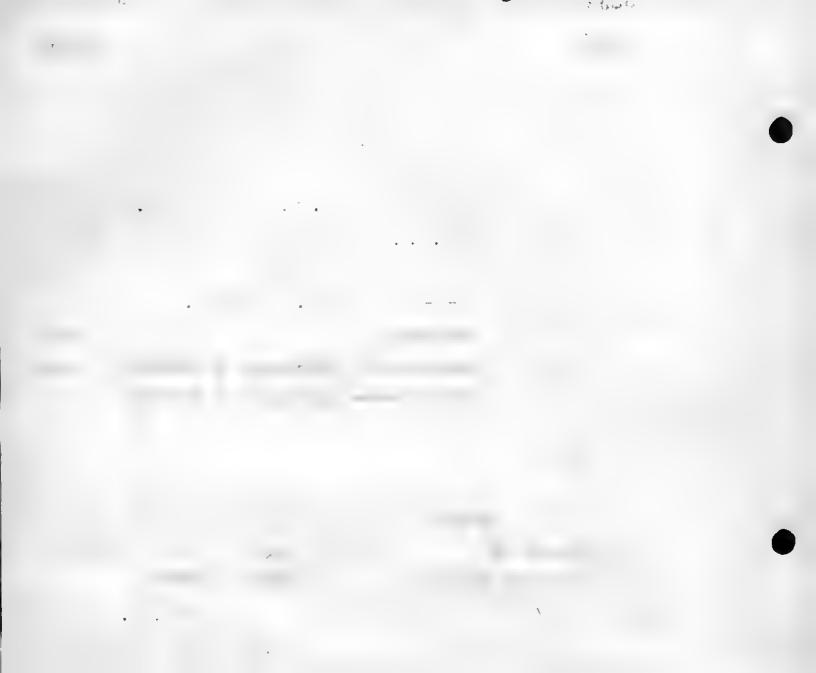
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE		05235	M	EDICAL EXAMINI	ER'S CERTI	FICATE OF DE	ATH D	5233	
EALTH-DEPT.		PLACE OF DEATH COUNTY # 1	ford	MARY.,	1 o ST	AL RESIDENCE (Where dec	eosed lived if institution b COUNTY		V
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d be executed within 24 d "pending" in penci in Chief Medical Examiner's transit permit File pages event within 72 hours afte		Robert I		Sr . 16. SOCIAL SECURITY NO	14, MO	THER'S MAIDEN NAME Edith Hair	1es Address		
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necessary, the funera 5 may be 10 FUNERA Health pri	230	BURIA_, (REMATION, REMOVAL (Society) Rurial	23b DATE THEREOF	23¢ NAME OF CEMETI		Address (Street ity tow	OCATION (C ty or Town		(Syste)
VR A15ME (5)	24	FUNERAL DIRECTOR	4/16/67 Molesworth,	Damascus, N	Gr <u>ove</u>	250 RECD BY REGI	STRAR 256 REGIS	Md TRAR'S S GNATURE	4-0

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaused fived, If institution, a. COUNTY . STATE Maryland b. COUNTY Harford Harford by the and 2 death. MARYLAND b. CITY OR TOWN (it outside corporata limits, & LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Havre de Grace Unk. Bel Air Pages aft d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Citizens Nursing Home 6IL Shamrock Road YES NO Y papers. n 72 ho completely 3. NAME OF First Middla Last 4. DATE Month DECEASED OF (Typs or print) Charles Sthaley Thorn DEATH April 19 67 carbon p 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS and last birthday) Months Hours Malle White Aug 23. WIDOWED TV DIVORCED гетто 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if retired) U.S.A. Bordentown , N.J. Salesman Same 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please David C. Thorn Ida Z. Elliott 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgiyawarordatesofsarvica) No Mr. Charles S. Thorn Jr. Bel Air, Md Unknown 18. CAUSE OF DEATH lEnter only one cause pe INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO attending Conditions, if any, which (b) gave rise to immadiate cause **DUE TO** (a), stating the undarlying cause last. Ö PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION hospital S (5) 2 PERFORMED? NO 20. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (Stete factory, streat, office bidg 78tc.) Whila Not While Hour e.m. at work attended the deceased from June 1 CIO #19(c) that (I) (we) last 21. I certify that (I) (this hotpite!) E. 19.19. and that death occurred a COPM, from the causes and on the date stated above. saw the deceased alive on A 22a SIGNATURE 226 - DATE SIGNED ATTENDING PHYS DIRECTOR PHYS. O HOSPITAL death, Page 4 page with I 22c. PHYSICIAN 22d. ADDRESS NAME (Type) Edward C. Loo. M.D. 211 N. Union Ave. Havre de Grace, Md. 5 2 23d. LOCATION (City, town or county) (Slata) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) S. ₽. 2 Bordentown Cemetery Bordentown, New Jersey Removal 20.I967 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNSRAL DIRECTOR'S &IGNATURE VR A15 (4) 20M S-63



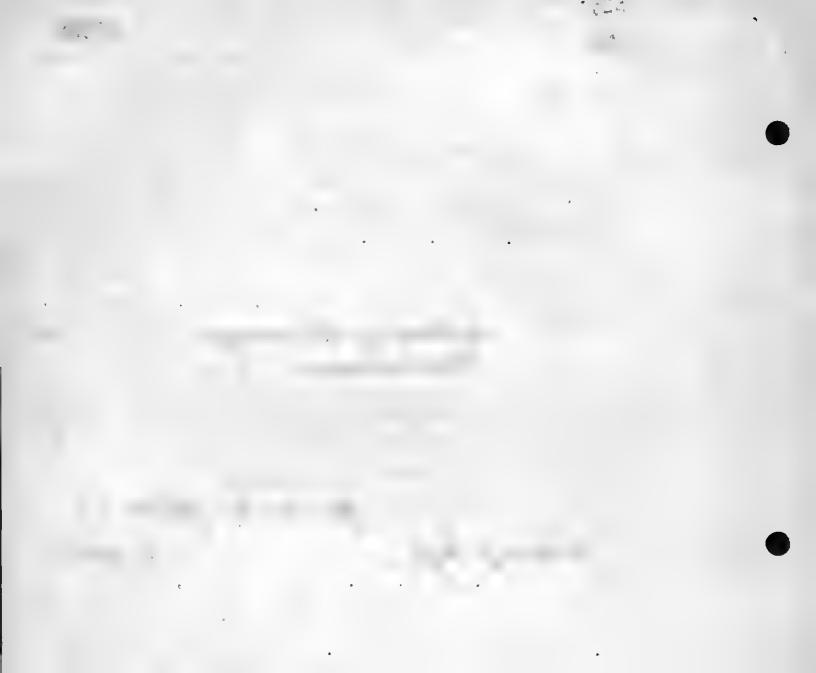
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05237 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2 USUAL RESIDENCE (Where deceosed ived if institution Residence before admission) PLACE OF DEATH o COUNTY b. COUNTY Page MARYLAND pages land 2 with the State Department c LENGTH OF STAY IN In c CITY DR TOWN (floutside cornorate in its write RURAL and age negrest town) and P.M.3. e. IS RESIDENCE ON A FARM? (If not in haspital, give street address) d STREET ADDRESS Route YES 🥙 NO 4. DATE Month Last DECEASED OF DEATH A ast birthdoy) Months Davs Hours Feb. 1891 D YORCED permit. File pages Tand 2 within 72 hours after death WIDOWED 11 BIRTHPLACE (State or foreign countr OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CITIZEN DE WHAT during most of working life, even if ret red)
Farmer U.S. INDUSTRY Baltimore County Md Farm the Chief Medical Examiners 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME in penci William Turnbaugh Mary Ann Cockran Churchville, Md. 16. SDCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (f yes g ve wor or dotes of service) 7-07-66LUL+A any event within Clarence D. Turnbaugh. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY burial-fransit ONSET AND DEATH IMMEDIATE CAUSE (a) _ This certificate shauld DUE TO Conditions, if any, which gove rise to immediate cause (a), farwarded ta DUE TO stating the underlying couse QS O last. ar remayal, 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO I Page 4 shauld be 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HDW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 3 shauld PRIMARY OF CONTRIBUTING CAUSE OF DEATH crematian, 20d MURY DECURRED 20e PLACE OF INJURY (Home, form (Stote) While of work Service Sta. Havre may be retained for your FUNERAL DIRECTOR: Page 21 1 certify that I taak charge of the remains described above held on Autopsy Inspection 7 Accident 🚾 Su cide Undetermined manner be retained 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior DEPUTY MED CAL EXAM NEP Address (Street, city, town or county) 23d LOCATION dy or Town 0 Jarrettsville Cemetery, Jarrettsville. HOME RECD BY REGISTRAR 25b. REGISTRAR S SIGNATUR VR A15ME (5) 6M 1/67 . Aberdeen, Md DATE APP

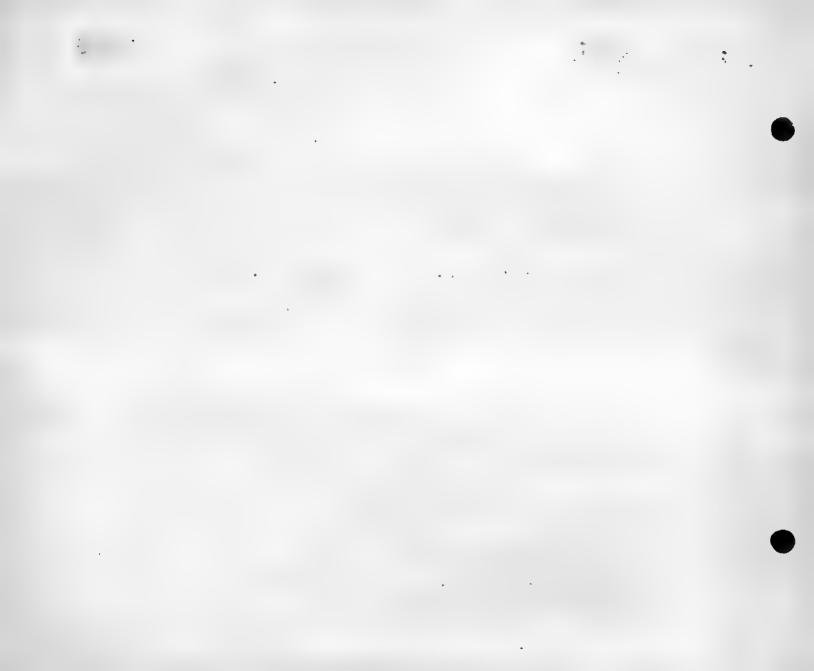


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D HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending D FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to	-	21. I certify that (I) (this haspital) att saw the deceased alive an 22a. SIGNATURE		death accurred at AMM, fr	am causes and an the date stated abave. STAFF PHYS. 22b. DATE SUBMED 4 9 967
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: directar, page 3 shauld shauld be filed with the	-	22c. PHYSICIAN'S NAME (Type) Edward	C. Loo, Mi	22d. ADDRESS/ acre C	Le Grace, And.
O HOSI Page 4 O FUNE directal shauld		BURIAL (REMATION, 23b DATE THEREOF 4/12/67	23c. HAME OF CEMETERY OR E	ll Han	ON (City or Town) (County), (State)
VR A15 (4)	24.	FUNERAL DIRECTOR	and di Liace	Ma. DADR 1 9 100	25b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE TA CERTIFICATE OF DEATH death. and September 1 funera PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b physician and completely filled in by n please remove carbon papers. Pag val, and in any event, within 72 hours nours (ofAce d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET AODRESS ON A FARM? '05P NO Z executed within NAME OF 3. Middle DATE Month Last DECEASED (Type or print) d PR DEATH 5. SEX 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR last birthday) | Months | Days OATE OF BIRTH 7. MARRIED [NEVER MARRIED Hours 1889 DIVORCED | Aug. WIDOWE 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Const. 8 Ret. New York death certificate Carpenter attending physi ermit. Then ple on, or removal, a 13. FATHER'S NAME MOTHER'S MAJOEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address D FUNERAL DIRECTOR: After this certificate has been signed by the attendirector, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or (Yes, no, or unknown) (If yes give war or dates of service) Aberdeen. F. Veeder. Frances INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **OR ATTENDING PHYSICIAN.** The law requires that **t** be retained by the hospital or attending physician. IMMEDIATE CAUSE (8) DUE TO Conditions, if any, which (b) gave rise to immediate **OUE TO** cause (a), stating the underlying cause last (c) CERTIFICATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES V NO F 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While **Not While** at work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on APRIL 1.45 M, from the causes and on the date stated above. 2) 19 67. and Mat death occurred at 22a. SIGNATURE DATE SIGNED 22b. ATTENDING M.D. OIRECTOR ... TO HOSPITAL C Page 4 may b PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) Richard er. Maryland Havre de Gracem BURIAL CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23b. Air Memorial Gardens. Be I Pel 24. JUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Aberdeen 15M 4-64





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05242 MEDICAL EXAMINER'S CERTIFICATE PLACE OF DEATH LISUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o STATE b. COUNTY MARYLAND Stare-Department b CITY OR TOWN (If outside corporate imits) CLENGTH OF STAY IN 6 NSTITUTION (If not in hospital, give street address) e IS RESIDENCI farm ON A FARM pencil in Item 18. Give Pages be executed within 24 haurs ofter death with 1 4 DATE Month DECEASED 21 DEATM Office alang IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED IF UNDER last birthdoy) Months Days Hours WIDOWED l and 2 10b K ND#OF BUSINESS OR REHPLACE (State or foreign country) 12 CITIZEN OF WHAT ef Medical Examiner's 13 FATHERS MONTHER S MAIDEN NAME 16 SOCIAL SECURITY NO l-transit permit. F event within 72 (Yes, no or unknown) (If yes give wor or dates of service) 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) ONSET AND DEATH the Ch This certificate shauld e, writing the ward farwarded ta the Ct DUE TO Conditions, fony, which gove rise to immediate couse (a). .⊆ DUE TO D stating the underlying couse lost. PART II OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? CERTIFICATION 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW NIJRY OCCURRED (Enter noture of injury in Part I or Part II of Item 1B.) 3 shauld shauld PRIMARY For CONTR BUTING CAUSE OF DEATH crematian, ar EXAMINER: 2De PLACE OF INJURY (Home, form (City or town). Not Whife in factory, street, office bidg etc.) While may be retained far yaur FUNERAL DIRECTOR: Page at work ease execute 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🐷 and in my apinion funeral director. death resulted from Natural causes Accident | Suicide Hamicide Undetermined manner Health prior SIGNATURE O DEPUTY Address (Street, city, town or county) the 0 250 REC D BY REGISTRAR ADDRESS REGISTRAR S SIGNATURE VR A15ME (5) 6M 1/67

DIVISION OF VITAL RECORDS, 301" W. PRESTON STREET, BALTIMORE, MARYLAND 21201 35243 FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o COUNTY o STATE b COUNTY HARFORD MARYLAND New Jersey b CITY OR TOWN (I outside corporate amits, write RURAL and give nearest town) C LENGTH OF STAY IN ID c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) Bridgeton d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE in Item 18. Give Pages 1, along with farm ON A FARM? 70 Vine Street NO X HARFORD COUNTY JAIE 3 NAME OF 4 DATE Doy DECEASED (Type or print) R. WALLS DEATH Apri 1 9 AGE (n years lost birthday) 6 COLOR OR RACE 8 DATE OF BIRTH NEVER MARR ED Months WIDOWED 'K DIVDRCED This certificate shauld be executed within 24 haurs White 100 USUA, DCCUPATION (Give kind of work done . -10b K ND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12 CIT ZEN OF WHAT during most of working le, even if ret rea) CDUNTRY ? **NDUSTRY** Unknown "pending" in pencil in lef Medical Examiner's 13 FATHER'S NAME 14 MOTHER'S MA DEN NAME 17. INFORMANT Caril-Padgett Funeral Home IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND (Yes, no, or unknown) (If yes a ve war or dates of service) 208 E. Commerce St. Bridgeton, N.J. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Asphyxia by hanging IMMEDIATE CAUSE (o) ____ DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse (Partia LWAS AUTD PSY remayal, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port L of item 18.) CAUSE OF DEATH Hanged self in jail 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f (City or town) 20c TIME OF INJURY Month Dov. Year (County) (State) foctory, street, office badg, etc.) 4-17 19 67 While Not While of work 1 FUNERAL DIRECTOR: Page jail (Partial) HARFORD. MD. 21. I certify that I took charge of the remains described above held on Autopsy XI, Inspection I, Inquiry I, ond in my opinion deoth resulted from Notural aguses Accident , Suicide X Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED TO FUNERAL DI Health prior t ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Springate, M.D. April 17, 1967 Address (Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION. 23b DATE THEREOF 23d LOCAT ON (City or Town) (County) (Stote) REMOVAL (Specify) Cumberland, N. J. Center Grove Meth. 4/18/67 Remova] ADDRESS 250 REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME (5) 6M 1/67 Wm. Cook-Brooks Inc. Baltimore, Md. 21202 Ochonias Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY after MARYLAND b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hours .≘ d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) B. IS RESIDENCE d. STREET ADDRESS ed ON A FARM? ND X YES withh completely carbon NAME DF Middle Month Day Last DATE DECEASED event, (Type or print) DEATH 19 executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (in years | IFUNDER 1 YEAR | IFUNDER 24 IRS | Last birthday) | Months | Days | Hours | Min. 9. 7. MARRIED NEVER MARRIED and any WIDOWED DIVORCED physician a Ξ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even (retired) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT County & State, or foreign country) INDUSTRY **COUNTRY?** and House certificate FATHER'S NAME removal, 14. attending premit Ther 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN 16. SOCIAL SECURITY NO. 10 death (Yes, no, or unkown) (If yes give war or dates of service) cremation, the CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN signed by th PART I. DEATH WAS CAUSED BY: **OR ATTENDING PHYSICIAN:** The law requires that the retained by the hospital or attending physician. IMMEDIATE CAUSE (a burial, 1 DUE TO Conditions, If any, which (b) gave rise to immediate this certificate has been r the DUE TO cause (a), stating 10 underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDIZIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? YES X NO T 208. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached fite Dept. of DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, (County) (State) TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) After After the could be be de State Hour a.m. While Not While at work *D.m at work! 21. I certify that (I) (this hospital) attended the deceased from FUNERAL DIRECTOR: and that death occurred at 3° saw the deceased alive on M. from the causes and on the date stated above. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. director, page should be filed M.D. PHYS. DIRECTOR Раде 4 may PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) (State) 23a. EURIAL CREMATION. 23b. DATE THEREOF 23c. OF CEMETERY OR CREMATORY 23d. LOCATION (City, town pr county) REMOVAL (Specify) 2 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. 25b. VR A15 (4) 15M 4-64

1.	PLACE OF DEATH •. COUNTY •. COUNTY		sed lived, If institution, Residence before edi
_	FFAR FORD MARYLAN	T take	HARFORD
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN write RURAL and give nearest town)	b c. CITY OR TOWN (If outside corporet	le limits, write RURAL and give nearest town)
1	BERDEEN 15 YILS	ABERDEEN	184
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 126 ARRELL AVE	126 ARROLL A	VE SES ON A
3.	NAME OF First Middle DECEASED (Type or petal)	WARTHINGT DEATH	APRIL 29 196
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	VORIHINGICAL DEATH 8. DATE OF BIRTH 9. A	GE (In yeers IF UNDER I YEAR IF UNDER 2
	FEMALE WHITE WIDOWED DIVORCED	JONE 13 1883 8	set birthday) Months Days Hours
10	a. USUAL OCCUPATION (Give kind of work page during most of working life, even if refired)	STRY 11. BIRTHPLACE (County & State, or fore	eign country) 12. CITIZEN OF WHAT CO
	JOUSE WIFE RETIRED	Mo.	U.S.A.
13	EATHER'S NAME	14. MOTHER'S MAIDEN NAME	
(HARLE C. BOWMAN	LUCY GORRE	-14
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 18. no. or unknown) (Ifyes give we rordetes of service)	INFORMANT	Address
_	- 218-10-33/6 A.	Mrs Lucy VIRAINIA MY	HAIL, HBERDEEN,
	1B. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c).] PART J. DEATH WAS CAUSED BY:	N 1	INTERVAL BAY ONSET AND D
	IMMEDIATE CAUSE (e)	MERTENIO	5.0
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	21. I certify that (I) (this hospital) attended the deceased from	m	1-30-, 196., that (I) (
	saw the deceased alive on	at death occurred at	ne causes and on the date stated
	220. SIGNATURE	ATTENDING MED	STAFA 22b
	The state of the s	M.D. PHYS. IN DIRECTOR	PHYS. 1 -1-6
	22c. PHYSICIAMS!	222 ADDRESS	Pendoa MI
	1 Topol 1 - 1 (U) VI on 111.	DY OR PREMATORY 123d, LOCATIO	ON (City, town or county) (Sh
23	BEMOVAL (Specify) ADAMS 19/9 23c. NAME OF CEMETE	1:11	ON (City, town or county)
1	PUNERAL DIRECTOR'S SIGNATURE / ADDRESS /	A 250, REC'D BY REGISTRA	IR 256, REGISTRAR'S SIGNATURE
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24	Wadison With hall Samed Sh	ace Md. DATEMAY O 40	207 Minute Dune

